

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JERRY M. MOHR
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

95 MAY -1 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **VO6566**

(6)

1. Corporation Name

BRICK DESIGNS INC.

Principal Office Location

P.O. BOX 1502
ELFERS FL 34680

Mailing Address

P.O. BOX 1502
ELFERS FL 34680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

08/15/1994

4. FEI Number

59-3104584

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.042,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

State Apt. # etc.

22

City & State

23

2a. Mailing Address

26

State Apt. # etc.

27

City & State

28

City & State

29

City & State

30

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMB, RAYMOND E., JR.
4653 ALCEA ST
NEW PORT RICHEY FL 34652**

01. Name

02. Street Address (P.O. Box Number is Not Acceptable)

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person making appointment as registered agent

Signature of registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
LAMB, RAYMOND E., JR.
4653 ALCEA ST
NEW PORT RICHEY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
LAMB, LINDA
4653 ALCEA ST
NEW PORT RICHEY FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.042(b), Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Lamb Linda Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 813-842-8410
DATE TELEPHONE