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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90035 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V37845

1. Corporation Name

DOWNING/TRACY INTERIORS, INC.

Principal Place of Business

3601 SE OCEAN BLVD
#102
STUART FL 34996
US

Mailing Address

3601 SE OCEAN BLVD
#102
STUART FL 34996
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1992

4. FEI Number

65-0334142

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 710 S.E. Ocean Blvd.

Suite, Apt. #, etc.

22 City & State

23 Stuart, Florida

24 Zip 34994

25 Country US

2a. Mailing Address

26 710 S.E. Ocean Blvd

Suite, Apt. #, etc.

27 City & State

28 Stuart, Florida

29 Zip 34994

30 Country U.S.

9. Name and Address of Current Registered Agent

DOWNING, PATRICIA D.
3601 SE OCEAN BLVD #102
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name

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

83 710 S.E. Ocean Blvd.

84 City

Stuart

FL

85 Zip Code

34994

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Patricia D. Downing
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

01/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME DOWNING, PATRICIA D.
STREET ADDRESS 3601 SE OCEAN BLVD #102
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE VSD
NAME KELLY, CARON P.
STREET ADDRESS 3601 SE OCEAN BLVD #102
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 710 S.E. Ocean Blvd.
1.4 CITY-ST-ZIP Stuart, FL 34994

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 710 S.E. Ocean Blvd.
2.4 CITY-ST-ZIP Stuart, FL 34994

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/99
Date

(561) 288-2122
Daytime Phone #

CR2E034 (11/98)