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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V55428** **(9)**

1. Corporation Name
SUNCOAST BLINDS & TINTING, INC.

Principal Place of Business	Mailing Address
4277 BONITA BCH. RD. SUITE 121 BONITA SPGS. FL 33923 US	4277 BONITA BCH. RD. SUITE 121 BONITA SPGS. FL 34134-4085 US

3. Date Incorporated or Qualified: 08/05/1992
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21: 4450 BONITA BEACH RD.
22 Suite, Apt. #, etc.: SUITE 121
23 City & State: BONITA SPRINGS FL
24 Zip: 34134
25 Country: COLLIER

2a. Mailing Address
26: 4450 BONITA BEACH RD
27 Suite, Apt. #, etc.: SUITE 121
28 City & State: BONITA SPRINGS FL
29 Zip: 34134
30 Country: COLLIER

4. FEI Number: 65-0346137 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CROTTESU, GENE
331 AIRPORT ROAD NORTH
MERCANTILE PLAZA
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: GENE C ROTTEAU
82 Street Address (P.O. Box Number is Not Acceptable): 4450 BONITA BEACH RD. 121
83: BONITA SPRINGS
84 City: FL **FL** 85 Zip Code: 34134

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: [signature] GENE CROTTEAU 4-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CROTTEAU, GENE	1.2 NAME	
STREET ADDRESS	253 LELY BEACH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] GENE CROTTEAU 941 495 6558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-20-97 — Daytime Phone #

0415997