

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 287628 (2)

1. Corporation Name

CAPE CORAL PAINTING & DECORATING INC

Principal Place of Business

Mailing Address

4529 DEL PRADO
CAPE CORAL FL 33904

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CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1964	3a. Date of Last Report 04/22/1994
4. FEI Number 59-1085714	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(3)(b), Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City, & State	27. City, & State
23. ZIP	28. ZIP
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

SASSO, M. DANIEL
3624 DEL PRADO BLVD. STE D
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81. Name	85. FL
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607 (a)(2) and 607 (a)(3) 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607 (b)(4), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of Corporation

Signature of New Registered Agent or Secretary of Corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	PD
2. STREET ADDRESS	WORTKOTTER, GUNTER
3. CITY, STATE, ZIP	1902 S E 45TH ST CAPE CORAL FL
4. NAME	DS
5. STREET ADDRESS	WORTKOTTER, RITA
6. CITY, STATE, ZIP	1902 SE 45TH ST. CAPE CORAL FL
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY, STATE, ZIP		
4. NAME		☐ Change ☐ Addition
5. STREET ADDRESS		
6. CITY, STATE, ZIP		
7. NAME		☐ Change ☐ Addition
8. STREET ADDRESS		
9. CITY, STATE, ZIP		
10. NAME		☐ Change ☐ Addition
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		☐ Change ☐ Addition
14. STREET ADDRESS		
15. CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 199(3)(b), Florida Statutes. I further 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 registered agent of the corporation and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of Section 607 (b)(4), Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in the supplemental annual report.

SIGNATURE: *Rita Wortkotter* RITA WORTKOTTER 4/22/94 287-242-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR