

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 8:41

DOCUMENT # **H41540** (6)

1. Corporation Name

COMMERCIAL PATIO DISTRIBUTORS, INC.

Principal Place of Business

**5400 TAYLOR ROAD
SUITE 101
NAPLES FL 33942**

Mailing Address

**5400 TAYLOR ROAD
SUITE 101
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/31/1985

3a. Date of Last Report
08/02/1994

4. FEI Number
59-2641705

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANKER, WILLIAM M.
9000 SW 87TH CT
SUITE 214
MIAMI FL 33176**

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
STEWART, ALLAN G.
4044 SAWGRASS LANE
NAPLES FL**

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

**3765 FIELDSTONE BLVD #1303
Naples, FL 33999**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
BOUTILIER, CATHY ANN
730-99TH AVE., N.
NAPLES FL**

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

**STEWART, CATHY ANN
3765 FIELDSTONE BLVD #1303
Naples, FL 33999**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

CATHY ANN STEWART

Cathy Ann Stewart / Sec. TREAS.

4/6/95

941-597-2920