

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT

1997



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

DOCUMENT # **J47258**

(5)

1. Corporation Name

**PATTERNCRETE, INC.**

Principal Place of Business

**5344 CONGO CT.  
CAPE CORAL FL 33904**

Mailing Address

**5344 CONGO CT.  
CAPE CORAL FL 33904-5820**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CANESTRARO, JOSEPH E.  
5344 CONGO CT.  
CAPE CORAL FL 33904**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**PST  
CANESTRARO, JOSEPH E.  
5344 CONGO CT.  
CAPE CORAL FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VP  
CANESTRARO, DENISE G.  
5344 CONGO CT.  
CAPE CORAL FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**V  
APPLEGAE, THEODORE  
222 SE 23TH TERR  
CAPE CORAL FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0397802

FILED  
Apr 02 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified

**12/16/1986**

3a. Date of Last Report

**04/24/1996**

4. FEI Number

**59-2746679**

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

10. Name and Address of New Registered Agent

CR2E034 (9/96)