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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT:	# L79972

1. Corporation Name

CUSTOM PATIO PRODUCTS, INC.

Principal Plac	e of Business	Mailing Address							
7150 PARK BL	VD.	7150 PARK BLVD.							
PINELLAS PARK FL 33781 PINELLAS PARK FL 33781					_	O NOT MOUTE IN	LTUR CDACE		
US		US					O NOT WRITE IN	THIS SPACE	
						3. Date Incorporated 06/11/1990			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		<u> </u>	pplied For
21		26				59-3022059	<u></u>		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	us Desired		Additional
22		27			_				equired
City & Stat	te	City & State				6. Election Campaig	- 11		May Be
23		28				Trust Fund Contri	Dation		to Fees ·
Zip	Country	Zip	Cou	ntry		8. This corporation of			□No
24	25		30		_	Personal Property		Yes	
	9. Name and Address of Curre	ent Registered Agent		04		10. Name and Addre	ess of New Regis	stered Agent	
DEI	VINS, RALPH			81 Na	ne	•	•		
			ŀ	82 Str	et Addre	ss (P.O. Box Number i	s Not Acceptable)		
	0 64TH N								
PINE	ELLAS PARK FL 33781			83	_				}
				94 64	-			85 Zip	Code
			1	84 Cit	1			FL	1000
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statuti	es, the al	bove-nar	ned corpo	ration submits this state	ement for the purp	ose of changing it	s registered
office or i	registered agent, or both, in the Stat	e of Florida. Such change was at	uthonzed	i by the c	orporation	n's board of directors. I	hereby accept the	appointment as r	egistered
agent. La	am familiar with, and accept the oblig	gations of, Section 607.0505, Floi	nua Stati	nes.				1	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOTE	Registered	Agent signa	ture required	when reinstating)		DATE	- ·
12.		AND DIRECTORS	13.			ADDITIONS/CHAN	IGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1,1 TIT	rle				☐ Change	
NAME	BLEVINS, RALPH		1.2 NA		Į				
i	7000 04771 44			REET ADDR	_ee			•	ļ
STREET ADDRESS	PINELLAS PARK FL 33781								
CITY-ST-ZIP	<u> </u>	☐ DELETE		TY-ST-ZIP	-+-		•		I
TITLE	D DISTRICT MADY 10YOF	[] DECE IE	2.1 TIT		- 1			Change	- Addition
NAME	BLEVINS, MARY JOYCE		■ 22 NA		Į.			Change	Addition
STREET ADDRESS	1			ME				 ☐ Change	Addition
CITY-ST-ZIP	PINELLAS PARK FL 33781			NME TREET ADDR	ESS			☐ Change	Addition
TITLE	1		2.3 ST		ESS				
NAME	1	☐ DELETE	2.3 ST	REET ADDR	ESS			☐ Change	
STREET ADDRESS		☐ DELETE	2.3 ST 2.4 CI	REET ADDR ITY-ST-ZIP ILE	ESS	1			
O INCL. I ADDINEGE	3	☐ DELETE	2.3 ST 2.4 CI 3.1 TII 3.2 N/4	REET ADDR ITY-ST-ZIP ILE		1			
CITY-ST-ZIP	8	☐ DELETE	2.3 ST 2.4 Cl 3.1 TII 3.2 NA 3.3 ST	TREET ADDR ITY-ST-ZIP TLE AME		1			
	8	☐ DELETE	2.3 ST 2.4 Cl 3.1 TII 3.2 NA 3.3 ST	TREET ADDR ITY-ST-ZIP ILE AME TREET ADDR ITY-ST-ZIP					☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.3 ST 2.4 Cl 3.1 TH 3.2 NA 3.3 ST 3.4 Cl 4.1 TH 4.2 NA 4.3 ST	TREET ADDR TTY-ST-ZIP TLE AME TREET ADDR TTY-ST-ZIP TLE AME	ESS -			∵ Change	☐ Addition
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14. 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. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: