

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000058014 (0)

1. Corporation Name

CUSTOM ROOM ADDITIONS, INC.



Principal Place of Business

10381 GREENWAY ROAD
NAPLES FL 33961

Mailing Address

10381 GREENWAY ROAD
NAPLES FL 33961

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

3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0525404

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

WHATLEY, ELAINE BRAY
5330 16TH PL SW
NAPLES FL 33942

81

Name ELAINE B. WHATLEY

82

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

83

84

City NAPLES

FL

Zip Code 33999

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

ELAINE B. WHATLEY

3-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME PARASCANDO, ANTHONY
STREET ADDRESS 10381 GREENWAY ROAD
CITY-ST-ZIP NAPLES FL 33961

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PARASCANDO, JOANIE
STREET ADDRESS 10381 GREENWAY ROAD
CITY-ST-ZIP NAPLES FL 33961

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. 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: *Joanie Parascando* PARASCANDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

3-29-96

CR2E034 (12/95)