

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000025046 (1)**

1. Corporation Name

**BARBARA & PATRICIA DESIGNS, INC.**



Principal Place of Business

**4951 TAMiami TRAIL NORTH  
SUITE 8  
NAPLES FL 33940**

Mailing Address

**4951 TAMiami TRAIL NORTH  
SUITE 8  
NAPLES FL 33940**

3. Date Incorporated or Qualified  
**03/17/1994**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FCI Number  
**65-0478554**

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

9. Name and Address of Current Registered Agent

**REITINGER, BARBARA J  
4951 TAMiami TRAIL NORTH  
SUITE 8  
NAPLES FL 33940**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 of the person who has been appointed to be the registered agent

NOTE: Registered Agent must be a resident of the State of Florida

DATE

12. OFFICERS AND DIRECTORS

|                |                              |        |
|----------------|------------------------------|--------|
| TITLE          | D                            | DELETE |
| NAME           | REITINGER, BARBARA J         |        |
| STREET ADDRESS | 2850 CITRUS LAKE DRIVE #202S |        |
| CITY- ST- ZIP  | NAPLES FL 33942              |        |
| TITLE          | D                            | DELETE |
| NAME           | TEGANO, PATRICIA A           |        |
| STREET ADDRESS | 2850 CITRUS LAKE DRIVE #202S |        |
| CITY- ST- ZIP  | NAPLES FL 33942              |        |
| TITLE          |                              | DELETE |
| NAME           |                              |        |
| STREET ADDRESS |                              |        |
| CITY- ST- ZIP  |                              |        |
| TITLE          |                              | DELETE |
| NAME           |                              |        |
| STREET ADDRESS |                              |        |
| CITY- ST- ZIP  |                              |        |
| TITLE          |                              | DELETE |
| NAME           |                              |        |
| STREET ADDRESS |                              |        |
| CITY- ST- ZIP  |                              |        |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 1. TITLE           | Change | Addition |
| 12. NAME           |        |          |
| 13. STREET ADDRESS |        |          |
| 14. CITY- ST- ZIP  | Change | Addition |
| 2. TITLE           |        |          |
| 22. NAME           |        |          |
| 23. STREET ADDRESS |        |          |
| 24. CITY- ST- ZIP  | Change | Addition |
| 3. TITLE           |        |          |
| 32. NAME           |        |          |
| 33. STREET ADDRESS |        |          |
| 34. CITY- ST- ZIP  | Change | Addition |
| 4. TITLE           |        |          |
| 42. NAME           |        |          |
| 43. STREET ADDRESS |        |          |
| 44. CITY- ST- ZIP  | Change | Addition |
| 5. TITLE           |        |          |
| 52. NAME           |        |          |
| 53. STREET ADDRESS |        |          |
| 54. CITY- ST- ZIP  | Change | Addition |
| 6. 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

Signature of the person who has been appointed to be the registered agent

CR2E034 (12/95)