

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000077747 (1)

1. Corporation Name

C & D PATIO CONCEPTS, INC.

Principal Place of Business

1209 TAMiami TRAIL
UNIT C
PORT CHARLOTTE FL 33948

Mailing Address

1209 TAMiami TRAIL
UNIT C
PORT CHARLOTTE FL 33948



3. Date Incorporated or Qualified

10/21/1994

3a. Date of Last Report

01/25/1995

4. FEI Number

65-0534290

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

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASTARS, DANIEL J
1209 TAMiami TRAIL
UNIT C
PORT CHARLOTTE FL 33948

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 607.06(2) 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 of the person appointed as registered agent or the corporation

(Print Name of Agent's signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
NASTARS, DANIEL J
STREET ADDRESS
1209 TAMiami TRAIL, UNIT C
CITY-STATE-ZIP
PORT CHARLOTTE FL 33948

1. TITLE ☐ Change ☐ Addition

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-95

941 255-0199

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