

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90253 015 ***150.00

DOCUMENT # P95000071614

1. Corporation Name

CRAFT ENGINEERS, DESIGNERS, & CONTRACTORS, INC.

Principal Place of Business

12381 SOUTH CLEVELAND AVENUE
SUITE 404
FORT MYERS FL 33907

Mailing Address

12381 SOUTH CLEVELAND AVENUE
SUITE 404
FORT MYERS FL 33907

2. Principal Place of Business

21 17105 San Carlos Blvd
Suite, Apt. #, etc.

22 A-8

City & State

23 Ft. Myers Beach

Zip Country

24 33931 25 Lee

2a. Mailing Address

26 9131 College Pkwy
Suite, Apt. #, etc.

27 43 - Box 208

City & State

28 Ft. Myers FL

Zip Country

29 33919 30 Lee

9. Name and Address of Current Registered Agent

FRIZONE, CARLOS
17105 SAN CARLOS BLD
APT A-8
FT MYERS BEACH FL 33931

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

65-0609493

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

only change of address

12.

OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME FRIZONE, CARLOS
STREET ADDRESS 12381 SOUTH CLEVELAND AVENUE, SUITE 404
CITY-ST-ZIP FORT MYERS FL 33907

TITLE VSD ☐ DELETE

NAME ANDISCO, RICARDO
STREET ADDRESS 12381 SOUTH CLEVELAND AVENUE, SUITE 404
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐

Change

☐

Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

FRIZONE

17105 San Carlos Blvd Unit A-8

Ft Myers Beach FL 33931

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

ANDISCO

17105 San Carlos Blvd Unit A-8

Ft Myers Beach FL 33931

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 449.07(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99

Date

Daytime Phone #

CR2E034 (11/98)