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SECREMANT OF STATE TALLANASSEE, FLORIDA

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031654

1. Corporation Name

CONTRACTOR'S COMMERCIAL DESIGN, INC.

Principal Place	e of Business	Mailing Address		
1 1		7013 S TAMIAMI TRAIL		
B SARASOTA FL 34231 US		B Sarasota Fl. 34231 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qu. 04/07/1997
2. Principal P	lace of Business	2a. Mailing Address 26 2440 N. 7	Amiani Trail	4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.	one and the second seco	5. Certificate of Status Desired [] \$8.75 Additional Fee Required
City & State		28 NOKOMIS	7L	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	29 24275 P	Country .S.A	8. This corporation owes the current year Intangible Personal Property Tax.
	9. Name and Address of Current		301	10. Name and Address of New Registered Agent
BONN, JENNIFER L 7013 S TAMIAMI TRAIL SUITE B SARASOTA FL 34231			81 Name 82 Street Add 83 84 City	Sonn, Tenniter Light Acceptable) Trail
office or ri agent. I as SIGNATURE	agistered agent, or both, in the State of manifer with, and accept the obligation of the control	f Florida Such change was au ons of Section 607.0505, Flor and title if applicable (NOTE	es, the above-named corporation in the corporation idea. Statutes.	
12.	OFFICERS AND		ر ا	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	P BONN, JAMES R 7013 S TAMIAMI TRAIL #B SARASOTA FL 34231	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS	Pom TAMES B AND V. Tamami Trail OKUMS, Fl. 34275
CITY-ST-ZIP TITLE	ST ST	[] DELETE	14 City-St-ZiP	Change Addition
NAME STREET ADDRESS	BONN, JENNIFER 7013 S TAMIAMI TRAIL #B	E) PERCIE	22 NAME	ONN, Sennifer WWW. R. Tamami Trail
CITY-ST-ZIP	SARASOTA FL 34231		2 4 City-St-Zip	OKOMIS, 71. 342 75
TITLE	0//////////////////////////////////////	☐ DELETE	31 TITLE	[Change] Addition
NAME			3.2 NAME	700002888787-72
STREET ADDRESS			3 3 STREET ADDRESS	-05/10/3901002024 ****150.00 ****150.00
CITY-ST-ZIP		·	3.4. CITY-ST-ZIP	*****130.00 ****130.00
TITLE		☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	44 CiTY-ST-ZiP	[/Change [Addition
NAME	\	L) beceit	52 NAME	() Manager
STREET ADDRESS			53 STREET ADDRESS	$\mathcal{A}(1)$
OTTV. CT. 760	•		54 CITY-ST-ZIP	(())

4. I 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, gr on an attachment with an address, with all other like empowered.

6 1 TITLE

6 2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

[] DELETE

941-918-1900