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Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000054641 (0)

1. Corporation Name

AMBIANCE PLANTATION SHUTTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4100 CORPORATE SQUARE #101
NAPLES FL 34104

4100 CORPORATE SQUARE #101
NAPLES FL 34104

1040 RORDON AVE
NAPLES, FL 34103

1040 RORDON AVE.
NAPLES, FL 34103

2. Principal Place of Business

2a. Mailing Address

21 1040 RORDON AVE

26 1040 RORDON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NAPLES, FLA

28 NAPLES, FLA

Zip

Country

Zip

Country

24 34103

25 COLLIER

29 34103

30 COLLIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CREECH, DAVID R
4100 CORPORATE SQUARE #101
NAPLES FL 34104

81 Name CREECH, DAVID R.

82 Street Address (P.O. Box Number is Not Acceptable)
1040 RORDON AVE.

83

84 City NAPLES, FL 85 Zip Code 34103

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST ☐ DELETE

NAME CREECH, DAVID R
STREET ADDRESS 1040 RORDON AVENUE
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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14. 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, or on an attachment with an address.

SIGNATURE:

David R. Creech DAVID R. CREECH

APR 10 1998 1-911-618750

CR2E034 (10/97)