

**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 # **531884** (5)

1. Corporation Name  
**CUSTOM ASSOCIATES, INC.**



Principal Place of Business: **897 DAYTONA DR NE PALM BAY FL 32905**  
Mailing Address: **897 DAYTONA DR NE PALM BAY FL 32905**

3. Date Incorporated or Qualified: **04/20/1977**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: **59-1733488**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: **DOVEL, JAMES E 897 DAYTONA DR NE PALM BAY FL 32905**  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<b>DOVEL, JAMES E.</b>	1.1 TITLE: <b>VD</b>	<b>JAMES M. BUCK</b>
NAME: <b>DOVEL, JAMES E.</b>	<b>897 DAYTONA DR NE</b>	1.2 NAME: <b>JAMES M. BUCK</b>	<b>118 BARNACLE PLACE</b>
STREET ADDRESS: <b>897 DAYTONA DR NE</b>	<b>PALM BAY FL</b>	1.3 STREET ADDRESS: <b>118 BARNACLE PLACE</b>	<b>ROCKLEDGE FL 32955</b>
CITY-ST-ZIP: <b>PALM BAY FL</b>		1.4 CITY-ST-ZIP: <b>ROCKLEDGE FL 32955</b>	
TITLE: <b>PD</b>	<b>DOVEL, DWIGHT E.</b>	2.1 TITLE: <b>VD</b>	<b>EDWARD H. LLOYD JR</b>
NAME: <b>DOVEL, DWIGHT E.</b>	<b>159 MEMORY LANE</b>	2.2 NAME: <b>EDWARD H. LLOYD JR</b>	<b>2219 ROYAL POINCIANA DR</b>
STREET ADDRESS: <b>159 MEMORY LANE</b>	<b>PALM BAY FL</b>	2.3 STREET ADDRESS: <b>2219 ROYAL POINCIANA DR</b>	<b>MELBOURNE FL 32935</b>
CITY-ST-ZIP: <b>PALM BAY FL</b>		2.4 CITY-ST-ZIP: <b>MELBOURNE FL 32935</b>	
TITLE: <b>VD</b>	<b>JOSLYN, CLAUDE E III</b>	3.1 TITLE: <b>STD</b>	<b>JEAN H. DOVEL</b>
NAME: <b>JOSLYN, CLAUDE E III</b>	<b>2482 DIANNE DR</b>	3.2 NAME: <b>JEAN H. DOVEL</b>	<b>897 DAYTONA DR NE</b>
STREET ADDRESS: <b>2482 DIANNE DR</b>	<b>COCOA FL</b>	3.3 STREET ADDRESS: <b>897 DAYTONA DR NE</b>	<b>PALM BAY FL 32909</b>
CITY-ST-ZIP: <b>COCOA FL</b>		3.4 CITY-ST-ZIP: <b>PALM BAY FL 32909</b>	
TITLE: <b>SD</b>	<b>DOVEL, JEAN H</b>	4.1 TITLE:	
NAME: <b>DOVEL, JEAN H</b>	<b>897 DAYTONA DR NE</b>	4.2 NAME:	
STREET ADDRESS: <b>897 DAYTONA DR NE</b>	<b>PALM BAY FL</b>	4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>PALM BAY FL</b>		4.4 CITY-ST-ZIP:	
TITLE: <b>VTD</b>	<b>DOVEL, JAMES B</b>	5.1 TITLE:	
NAME: <b>DOVEL, JAMES B</b>	<b>159 MEMORY LANE</b>	5.2 NAME:	
STREET ADDRESS: <b>159 MEMORY LANE</b>	<b>PALM BAY FL</b>	5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>PALM BAY FL</b>		5.4 CITY-ST-ZIP:	
TITLE: <b>VD</b>	<b>KESSLER, WILLIAM J</b>	6.1 TITLE:	
NAME: <b>KESSLER, WILLIAM J</b>	<b>451 MERCURY AVE - 104</b>	6.2 NAME:	
STREET ADDRESS: <b>451 MERCURY AVE - 104</b>	<b>PALM BAY FL</b>	6.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>PALM BAY FL</b>		6.4 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 on an attachment with an address.

SIGNATURE: *Dwight E. Dovel* **DWIGHT E. DOVEL** Pres. **MAR. 13. 96** (407) 723 8551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)