

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 841768 (5)

1. Corporation Name

CUSTOM MANAGEMENT CORPORATION



Principal Place of Business

Mailing Address

4721 MORRISON DR  
P O BOX 160266  
MOBILE AL 36625

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P O BOX 160266  
MOBILE AL 36625

3. Date Incorporated or Qualified

11/03/1978

3a. Date of Last Report

02/28/1995

4. FEI Number

23-1697289

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 same  
Suite, Apt. #, etc

26 1955 Lake Park Dr., S.E.

Suite, Apt. #, etc

22 City & State

27 400

City & State

23 Zip Country

28 Smyrna, GA

Zip

Country

24

25

29 30080-8855

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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 of Registered Agent (if registered agent is not the filer, the filer must sign)

(If filer is Registered Agent, signature required when not notarized)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
S	HUNT, PHIL G.	4721 MORRISON DR	MOBILE AL	<input checked="" type="checkbox"/>
VT	MOTHERSHED, J. RUSSELL	4721 MORRISON DR	MOBILE AL	<input checked="" type="checkbox"/>
P	BEALL, SAMUEL E	4721 MORRISON DR	MOBILE AL	<input checked="" type="checkbox"/>
D	BISHOP, E. EUGENE	4721 MORRISON DR	MOBILE AL	<input checked="" type="checkbox"/>
D	OUTLAW, ARTHUR, R	4721 MORRISON DR	MOBILE AL	<input checked="" type="checkbox"/>
D	BEALL, SAMUEL, E, III	4721 MORRISON DR	MOBILE AL	<input checked="" type="checkbox"/>

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
President/Director	Glenn Davenport	1955 Lake Park Drive, SE Ste 400	Smyrna, GA 30080-8855	Sr. Vice Pres/Director	K. Wyatt Engwall	same as above		Secretary/Vice President	John E. Fountain	same as above													

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: John E. Fountain, John E. Fountain, Secretary

June 26, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (3/96)