FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F71423** **(0)**

1. Corporation Name
CUSTOM GUTTER CORPORATION, INC.

Principal Place of Business	Mailing Address
% JIMMY W. HORNE 1832 WALES DR TALLAHASSEE FL 32303	% JIMMY W. HORNE 1832 WALES DR TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1982
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 *
Suite, Apt. #, etc.
22 *
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2172593 ☐ 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

9. Name and Address of Current Registered Agent

HORNE, JIMMY W.
1832 WALES DR
TALLAHASSEE FL 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MOODY, WAYNE	12 NAME		
STREET ADDRESS	RT 3 BOX 329 B	13 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MOODY, GLORIA C	22 NAME		
STREET ADDRESS	RT 3 BOX 329 B	23 STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Treasurer-D	☑ Change ☑ Addition
NAME	~~HORNE, DENISE B~~ John Paul Horne	32 NAME	John Paul Horne	
STREET ADDRESS	~~1832 WALES DR~~ Rt. 1, Box 1537	33 STREET ADDRESS	Rt 1 Box 1537	
CITY-ST-ZIP	~~TALLAHASSEE, FL 00000~~ HAVANA, Fl 32333	34 CITY-ST-ZIP	HAVANA, Fl 32333	
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	HORNE, JIMMY W	42 NAME		
STREET ADDRESS	1832 WALES DR	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000 32303	44 CITY-ST-ZIP		
TITLE	~~Director~~	51 TITLE	~~Denise B. Horne~~	☑ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Jimmy Horne Jimmy Horne 7-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408552 FP