

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 27 1997 8:00am  
Secretary of State

DOCUMENT # **F94000004933 (7)**

1. Corporation Name  
**C & S CUSTOM, INC.**

Principal Place of Business

**RD. 4, BOX 370-A  
DOVER DE 19901-1708**

Mailing Address

**RD. 4, BOX 370-A  
DOVER DE 19901-9804**



3. Date Incorporated or Qualified

**09/22/1994**

3a. Date of Last Report

**04/25/1996**

4. FEI Number

**51-0324695**

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

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**SHERBERT, LUCILLE M  
705 RAMPART DR.  
PT. ORANGE FL 32119**

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:

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
CAREY, JOHN  
RD. 4, BOX 370-A  
DOVER DE 19901**

TITLE ☐ DELETE

**ST  
CAREY, LOUISE  
RD. 4, BOX 370-A  
DOVER DE 19901**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 contained 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/15/96*  
Date

*302-628-3797*  
Daytime Phone

CR2E034 (9/96)