SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -8 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G54037** **(8)**

1. Corporation Name
J. L. P. CUSTOM ENCLOSURES, INC.

Principal Place of Business	Mailing Address
3743 PARKWAY BLVD. LAND O'LAKES FL 34639	3743 PARKWAY BLVD. LAND O'LAKES FL 34639

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1983
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business	2a. Mailing Address
21 105 WHITAKER Rd	26 105 WHITAKER RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LUTZ FL	28 City & State: LUTZ FL
24 Zip: 33549 25 Country	29 Zip: 33549 30 Country

4. FEI Number: 59-1758115 ☐ 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	10. Name and Address of New Registered Agent
PULS, JOHN L. 303 PARKWAY BLVD. LAND O LAKES FL 34639	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	P	11 TITLE	☐ Change ☐ Addition
NAME	PULS, JOHN L	12 NAME	
STREET ADDRESS	105 WHITAKER RD.	13 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	PULS, JOHN L.	22 NAME	
STREET ADDRESS	3743 PARKWAY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	LAND O' LAKES FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		LE	☐ Change ☐ Addition
NAME		ME	
STREET ADDRESS		EET ADDRESS	
CITY-ST-ZIP		Y-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 addition.

SIGNATURE: PULS JOHN L [illegible] John L Puls 8-1-95 813-948-2087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER — Date — Daytime Phone #

CR2E034 (3/95)

0166259 FP