**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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

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

| Principal Place of Business | Mailing Address |
|---|---|
| 105 WHITAKER RD<br>LUTZ FL 33549<br>US | 105 WHITAKER RD<br>LUTZ FL 33549<br>US |

3. Date Incorporated or Qualified: 08/12/1983
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business
21: 2333 FEATHER SOUND DR
22 Suite, Apt #, etc: B 303
23 City & State: CLEARWATER FL
24 Zip: 34622
25 Country: PINELLAS

2a. Mailing Address
26: P.O. BOX 26513
27 Suite, Apt #, etc:
28 City & State: TAMPA
29 Zip: 33623-6513
30 Country: HILLS.

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**

PULS, JOHN L.
303 PARKWAY BLVD.
LAND O LAKES FL 34639

**10. Name and Address of New Registered Agent**

81 Name: PULS JOHN L.
82 Street Address (P.O. Box Number is Not Acceptable): 2333 FEATHER SOUND DR SUIT B-303
83
84 City: CLEARWATER FL 85 Zip Code: 34622

**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 | ☐ DELETE | 11 TITLE | X P | ☒ Change ☐ Addition |
| NAME | PULS, JOHN L | | 12 NAME | PULS JOHN L | |
| STREET ADDRESS | 105 WHITAKER RD. | | 13 STREET ADDRESS | 2333 FEATHER SOUND DR. SUIT B-303 | |
| CITY-ST-ZIP | LUTZ FL | | 14 CITY-ST-ZIP | CLEARWATER FL 34622 | |
| TITLE | VP | ☐ DELETE | 21 TITLE | X VP | ☒ Change ☐ Addition |
| NAME | PULS, JOHN L. | | 22 NAME | PULS JOHN L | |
| STREET ADDRESS | 3743 PARKWAY BLVD | | 23 STREET ADDRESS | 2333 FEATHER SOUND DR SUIT B-303 | |
| CITY-ST-ZIP | LAND O' LAKES FL | | 24 CITY-ST-ZIP | CLEARWATER FL. 34622 | |
| TITLE | | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 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)(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 or on an attachment with an address.

**SIGNATURE:** John L Puls — JOHN L PULS — 6-13-96 — 813-948 2089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)