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

APPROVED AND FILED

95 APR 21 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06892 (4)

1. Corporation Name

D & S KUSTOM CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~1608 DUNKENFIELD ST~~ ~~CRYSTAL RIVER FL 32629-5609~~ 155 SE HWY 19, Suite C Crystal River, FL. 34429	~~1608 DUNKENFIELD ST~~ ~~CRYSTAL RIVER FL 32629-5609~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/29/1984	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2337198	☐ 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
21 155 SE HWY 19	26 155 SE HWY 19
Suite, Apt. #, etc. 22 Ste, C	Suite, Apt. #, etc. 27 Ste, C
City & State 23 Crystal River, FL	City & State 28 Crystal River, FL
Zip / Country 24 34429 / 25 USA	Zip / Country 29 34429 / 30

9. Name and Address of Current Registered Agent

KINGREE, STEVEN
1308 DUNKEN FIELD ST.
CRYSTAL RIVER FL 32629-
34429

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	KINGREE, STEVE	12 NAME	
STREET ADDRESS	1308 DUNKENFIELD ST	13 STREET ADDRESS	
CITY ST ZIP	CRYSTAL RIVER FL 34429	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	KINGREE, DIANA M.	22 NAME	
STREET ADDRESS	1308 DUNKENFIELD ST	23 STREET ADDRESS	
CITY ST ZIP	CRYSTAL RIVER FL 34429	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		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 the 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: DIANA KINGREE Diana Kingree 4/17/95 904-795-1366

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

041897 FF