

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H06892** (4)
1. Corporation Name
D & S KUSTOM CONSTRUCTION, INC.



Principal Place of Business Mailing Address
155 SE HWY 19 **155 SE HWY 19**
STE. C **STE. C**
CRYSTAL RIVER FL 34429 **CRYSTAL RIVER FL 34429**
US **US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/29/1984	04/21/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2337198	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KINGREE, STEVEN
1308 DUNKENFIELD ST.
CRYSTAL RIVER FL 34429

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1.1 TITLE	
NAME	KINGREE, STEVE	1.2 NAME	
STREET ADDRESS	1308 DUNKENFIELD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	
NAME	KINGREE, DIANA M.	2.2 NAME	
STREET ADDRESS	1308 DUNKENFIELD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Steven Kingree**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 352 7951366
Date Daytime Phone #

CR2E034 (12/95)