

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.)

APPROVED
AND
FILED

1996 AUG 30 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT

CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H36027 (1)

1. Corporation Name

PHILMAN'S CUSTOM SERVICE, INC.

Principal Place of Business

Mailing Address

US 129
RT 2, BOX 2674
BELL FL 32619-6500

US 129
RT 2, BOX 2674
BELL FL 32619-6500

3. Date Incorporated or Qualified

12/28/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 U.S. 129

26 U.S. 129

Suite, Apt. #, etc

Suite, Apt. #, etc

22 3470 NW 57th Tr

27 3470 NW 57th Tr

City & State

City & State

23 Bell FL

28 Bell, FL

Zip

Country

Zip

Country

24 32619

25 Gilchrist

29 32619

30 Gilchrist

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILMAN, KEITH
RT 2, BOX 2674
BELL FL 32619

81 Name

Philman, Keith

82 Street Address (P.O. Box Number is Not Acceptable)

3470 NW 57th Tr.

83

Bell

84 City

Bell

FL

85 Zip Code

32619

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

Keith Philman
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

8/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PHILMAN, KEITH
STREET ADDRESS RT 2, BOX 2674
CITY - ST - ZIP BELL FL

TITLE ☐ DELETE

NAME PHILMAN, I. J.
STREET ADDRESS RT 2, BOX 2670
CITY - ST - ZIP BELL FL

TITLE ☐ DELETE

NAME PHILMAN, LINDA
STREET ADDRESS RT 2, BOX 2670
CITY - ST - ZIP BELL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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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:

Linda Philman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/96 904 935-0312