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 MAY 30 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H71259

1. Corporation Name

CUSTOM ARCHITECTURAL METALS INC

100001504101
-06/02/95--01008--012
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address

4881 DISTRIBUTION COURT
ORLANDO, FL 32822

3. Date Incorporated or Qualified: 10/14/85
3a. Date of Last Report: 4/94

2. Principal Place of Business	2a. Mailing Address
21 4881 DISTRIBUTION CT	26 SAME
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: ORLANDO, FL	28 City & State
24 Zip: 32822 25 Country: USA	29 Zip 30 Country

4. FEI Number: 59-1590616 ☐ 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

TERRY M. DAVIS
4881 DISTRIBUTION CT
ORLANDO, FL 32822

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: Terry 1 DS
Signature (type or print) 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	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	TERRY M DAVIS	12 NAME	
STREET ADDRESS	4881 DISTRIBUTION CT	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 32822	14 CITY ST ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	DAVID E DAVIS	22 NAME	
STREET ADDRESS	4881 DISTRIBUTION CT	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 32822	24 CITY ST ZIP	
TITLE	VICE PRESIDENT	31 TITLE	☐ Change X ☐ Addition
NAME	DENNIS HUTTON	32 NAME	
STREET ADDRESS	4881 DISTRIBUTION CT	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL 32822	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 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: Terry 1 DS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #