Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90162 035 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H93732**

1. Corporation Name

CUSTOW DESIGN AND FABRICATION, INC.								
B to the A BY	· (D)	\$ \$ _ 111 _ B _ d				-		DININ BIRIN INDI
Principal Place of Business Mailing Address						1		
1119 HWY 390 PANAMA CITY FL 32405  1119 HWY 390 PANAMA CITY FL 32405						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						02/01/1986		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21 26						59-2626526	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
27						5. Certificate of Status Desired	Fee R	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inf	angible	
24			30	Personal Property Tax.			<b>I</b> ⊋No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered	Agent	
				81 Name				
BOYD, JERALD L				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
205 S. GAY AVENUE								
PANAMA CITY FL 32404				83				
' 				84	City		85 Zip	Code
					•	FL	.	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statu of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the at authorized orida Statu	bove- by that tes.	named corpo ne corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing its ntment as re	s registered egistered
SIGNATURE		ALOTE STATE OF THE	E. Domintorna	A	signature required	when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Register OFFICERS AND DIRECTORS 13			Agent :	Signaturo required	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	ORS IN 12
T/TLE			1.1 TIT	LE.	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				1.2 NAME				_
STREET ADDRESS				1.3 STREET ADDRESS				
			1	1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE			2.1 111		ZIF		Change	Addition
NAME	.,		2.2 NA		}		_ '	_ {
					ADDRESS			;
STREET ADDRESS				TY-ST-				
CITY+ST-Z#P TITLE			3.1 111		-217		Change	Addition
		□ DE#E!#	3.1 NA					
NAME					200000			
STREET ADDRESS				3.3 STREET ADDRESS  3.4. CITY-ST-ZIP				
CITY-ST-ZIP			3.4. CI		ZIP		Change	☐ Addition
TITLE	_		1					
NAME			4. 2 N					
STREET ADDRESS	•			4.3 STREET ADDRESS				1
CITY-ST-ZIP			_	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	☐ Addition
TITLE		□ nere is	5.1 TH				criange	Chunggi
NAME					ODRESS	-		
JINET ADDRESS								
CITY-ST-ZIP			5.4 CI	TY-ST-	<u>ا ۲</u> ۲۲			1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

Addition