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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32536

(1)

FLORIDA CUSTOM FABRICATORS, INC.

(

FILED Apr 09 1997 8:00am Secretary of State

Principal Place of Business % R.W. LASITTER JR. 809 NORTH CENTRAL AVE. KISSIMMEE FL 34741				Mailing Address 809 N CENTRAL AVE 809 NORTH CENTRAL AVE. KISSIMMEE FL 34741-5027									
			U	15					3. Date Incorpora 09/10/1986	ated or Qualified		ate of Last	•
2. Principal Pi	ace of Business		28	Mailing Ac	ddress			····	4. FEI Number		1 04/	18/1996	Applied For
21			26	7					59-271241	19			Not Applicable
Suite, Apt #	, etc.			Suite, Apt.	#, etc.				5. Certificate of S				Additional
22			27						b. Cermicate of S	status Desireu	——————————————————————————————————————	Fee	Required
City & State 23			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	c	ountry		Zip		Cour	ntry		8. This corporation			tax under	s. 199.032,
24	25		29	<u> </u>		30			Florida Statute			_] No	
	9. Name and A		rent Hegi	stered Agen	11		B1 1	Name	10. Name and Ad	dress of New R	egistered	Agent	
	TTER, RONALD					1		Name					
809 N. CENTRAL AVE. KISSIMMEE FL 34741							62	Street Addre	ess (P.O. Box Number is Not Acceptable)				
		,				ľ	83	· · · · · · · · · · · · · · · · · · ·	. · · · · · · · · · · · · · · · · · · ·			······································	*****
							84	City		**·····	FL	85 Zi	p Code
11. Pursuant l	o the provisions of egistered agent, or	Sections 607 both, in the St	0502 and late of Flor	607,1508, Flo	orida Statuti	es, the ab	ove-r	named corporation	oration submits this s ion's board of directo	statement for the	DUIDOSE O	f changing pointment	its registered as registered
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agent. Lar SIGNATURE	n far illiag with , and gulliore, typed er printe	basi	W_{-}	of, Section 60					3	lan 197	DATE		
	$\kappa \omega$.	basi	agent and	e pplicable					3 ed when reinstating)	lan 197	DATE		
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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 of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TO BEET OR

312719g

Daylime Phone #