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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # K13602	2 (3)					
	I CUSTOM BUILDERS, INC.						
Principal Place	of Business	Mailing Address			T TOURS AND THE PARTITION AND THE PURE	HO IIOI OHOH DIBH OHII	MINIT NIGHT BIRTLE FORE
737 NE BTI OCALA FL US		and the second s	P.O. BOX 753 SILVER SPRINGS FL 34489 US				
					3. Date Incorporated or Qualified 01/26/1988	3a. Date of Las 04/28	
2. Principal Pla 21 /3/0	oce of Business ON.E. 40 PL.	2a. Mailing Address 26 SMMEAS /	Mailing Address SAME AS ABOVE		F0.044400F		Applied For Not Applicable
Suite, Apt. #	ļ-	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	75 Additional se Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		.00 May Be
24 344	Country	Zip	Country		8. This corporation has liability for in	ntangible tax unde	
24 377	9. Name and Address of Current Ro		30		Florida Statutes		
· · · · · · · · · · · · · · · · · · ·			B1 Nar	ne			
GULLIGE, KATHERINE A				82 Street Address (P.O. Box Number is Not Acceptable)			
13100 NE 40TH PLACE SILVER SPRINGS FL 34489			83				
SILVER	STRINGS FL 34409						
			84 City	′		FL 85	Zip Code
11. Pursuant to or registere femiliar wit	o the provisions of Sections 607.0502 and ed agent, or both, in the State of Florida. S h, and accept the obligations of, Section (d 607.1508, Florida Statutes, Such change was authorized	the above named by the corporation	d corporat n's board	ion submits this statement for the purp of directors. I hereby accept the appo	cose of changing it intrient as register	s registered office red agent. I am
SIGNATURE _	n, and accept the congations of, decitors	oor, ooco, rionde dendies.					
12.	Signature, typed or printed name of registered agent and t OFFICERS AND DI		Registered Agent signal 13.	ure required v	rhen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDEC	TODS IN 12
TITLE	P	DELETE	1. 1 TITLE	TP			
NAME	GULLIGE, DONALD I		1.2 NAME	Do	NALD I GULLIG	E -	_
STREET ADDRESS	737 NE 8TH AVENUE		1.3 STREET ADDRE	ss 12	100 NE 40 PL		_
CHTY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Si	LYER SPRINGS, FI	_, 3448	`F
TrTLE	VP	☐ DELETE	2. 1 TITLE			☐ Chang	ge 🔲 Addition
NAME	Webster, Robert e		2.2 NAME				
STREET ADDRESS	1240 SE 135TH ST.		2 3 STREET ADDRE	SS			
CITY-ST-ZIP	OCALA FL	*******	2 4 CITY - ST - ZIP				
TITLE	\$	DELETE	3 1 TITLE	S.	11	(Chang	ge 🔲 Addition
NAME	GULLIGE, KATHERINE A		3.2 NAMÉ	KA	THERINE A. GULI	1165	
STREET ADDRESS	737 NE 8TH AVE.		3 3 STREET ADDRE		100 NE. 40PL.		60
CITY-ST-ZIP TITLE	OCALA FL 3470	DELETE	3.4 CITY - ST - ZIP	\D1/	LVER SPRINGS F	<u>し、399</u> □ Chang	ae [] Addition
		□ DELETE	4. 1 TITLE			L'1 chart	le T Youriou
NAME			4.2 NAME	0.3			
STREET ADDRESS			4.3 STREET ADDRE	22			
CITY-S1-ZIP TITLE		DELETE	4.4 CITY-ST-2IP 5 1 TITLE			Chang	ge Addition
NAME		Production of the	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRE	ss			
City - St - Zif			5 4 CITY-ST-ZIP				
TILE		DELETE	6 1 TITLE			☐ Chanç	ge
NAME		 -	6.2 NAME				_
STREET ADDRESS			6 3 STREET ADDRE	ss			
CITY - ST - ZIP			6 4 CITY - ST - ZIP				
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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.

GNATURE: April 2012 C. 2013 C. 2

DENALD GULLIGE 4/21/96 (352) C25-8555 SIGNATURE:

CR2E034 (12/95)