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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K71418

(3)

1. Corporation Name:  
CUSTOM RECONSTRUCTION, INC.



Principal Place of Business

C/O DAVID G. HAIRE  
2342 IVY AVE.  
FT. MYERS FL 33907-1251

Mailing Address

C/O DAVID G. HAIRE  
2342 IVY AVE.  
FT. MYERS FL 33907-4251

2. Principal Place of Business

21 504 CENTER RD

2a. Mailing Address

26 PO Box 60264

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT MYERS, FL

City & State

28 FT MYERS, FL

Zip

24 33907

Country

25 USA

Zip

29 33906-6264

Country

30 USA

9. Name and Address of Current Registered Agent

HAIRE, DAVID G.  
2342 IVY AVE.  
FT. MYERS FL 33907

3. Date Incorporated or Qualified

03/09/1989

3a. Date of Last Report

04/02/1996

4. FEI Number

65-0114732

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

10. Name and Address of New Registered Agent

81 Name

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

144 WANATAH AVE S.

83

84 City

Lehigh Acres

FL

85 Zip Code

33936

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

David Haire President

4/14/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME MANKINS, VICKI LEE

STREET ADDRESS 2342 IVY AVE.

CITY- ST- ZIP FT. MYERS FL

TITLE P ☐ DELETE

NAME HAIRE, DAVID G.

STREET ADDRESS 2342 IVY AVE.

CITY- ST- ZIP FT. MYERS FL

TITLE V ☐ DELETE

NAME ELAKMAN, SY

STREET ADDRESS 3859 BEE RIDGE RD., #104

CITY- ST- ZIP SARASOTA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

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

144 WANATAH AVE S.

Lehigh Acres FL 33936

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Lehigh Acres FL 33936

144 WANATAH AVE S.

Lehigh Acres FL 33936

VICE PRESIDENT

THOMAS J. MANN

7146 EMILY DR.

FT. MYERS, FL 33908

VICE PRESIDENT

JOHN W. MANN

2061 FLOWERS DR

FT. MY. FL 33907

VICE PRESIDENT

JOHN W. MANN

2061 FLOWERS DR

FT. MY. FL 33907

14. I do 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.

SIGNATURE:

David Haire

4/14/97

941-278-0595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)