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Jan 20, 1999 8:00am  
Secretary of State

01-20-1999 90023 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K71418

1. Corporation Name

CUSTOM RECONSTRUCTION, INC.

Principal Place of Business

504 CENTER ROAD  
FT. MYERS FL 33907  
US

Mailing Address

P.O. BOX 60264  
504 CENTER RD A-3  
FT MYERS FL 33907  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1989

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HAIRE, DAVID G.  
144 WANATAH AVE S.  
LEHIGH ACRES FL 33936

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

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 144 WANATAH AVE S.  
CITY-ST-ZIP LEIGH ACRES FL

TITLE P ☐ DELETE

NAME HAIRE, DAVID G.  
STREET ADDRESS 144 WANATAH AVE S.  
CITY-ST-ZIP LEIGH ACRES FL

TITLE V ☐ DELETE

NAME ELAKMAN, SY  
STREET ADDRESS 3859 BEE RIDGE RD., #104  
CITY-ST-ZIP SARASOTA FL

TITLE VP ☐ DELETE

NAME MANN, THOMAS J.  
STREET ADDRESS 504 CENTER RD A-3  
CITY-ST-ZIP FT MYERS FL 33907

TITLE VP ☐ DELETE

NAME MANN, JOHN W.  
STREET ADDRESS 2061 FLOWERS DR.  
CITY-ST-ZIP FT. MYERS FL

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE

THOMAS J. MANN VP 1-4-99 941-222-0595

Date

Daytime Phone #

CR2E034 (11/98)