

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:56

DOCUMENT # K86807

(0)

1. Corporation Name

CUSTOM STORE LIGHTING & MANUFACTURING CO., INC.

Principal Place of Business

% THOMAS WANDERON
1876 TRADE CENTER WAY
NAPLES FL 33942

Mailing Address

% THOMAS WANDERON
1876 TRADE CENTER WAY
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1989

3a. Date of Last Report

03/29/1994

4. FEI Number

65-0123172

Applies 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. 190(2)(b),
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

FORBIS, MELVIN
1876 TRADE CENTER WAY
NAPLES FL 33942

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: MELVIN R. FORBIS

Signature of person named as registered agent and filer of report

DATE: 1-11-95

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: FORBIS, MELVIN R.
STREET ADDRESS: 2770 COACH HOUSE LN.
CITY, ST, ZIP: NAPLES FL

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
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CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 12)

1.1 TITLE:
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY, ST, ZIP:
☐ Change ☐ Addition

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY, ST, ZIP:
☐ Change ☐ Addition

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY, ST, ZIP:
☐ Change ☐ Addition

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY, ST, ZIP:
☐ Change ☐ Addition

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY, ST, ZIP:
☐ Change ☐ Addition

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY, ST, ZIP:
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190(2)(b), 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: MELVIN R. FORBIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95 813 3997121

Date

Signature Number