

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000016265 1. Entity Name G & H CUSTOM TRIM, INC.				Apr 03, 2008 08:00 Secretary of State	
Principal Place of Business 976 TOWNSEND BLVD JACKSONVILLE, FL 32211-6040		Mailing Address 976 TOWNSEND BLVD JACKSONVILLE, FL 32211-6040			
DO NOT WRITE IN THIS SPACE					
		03192008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 37-1483925		Applied For Not Applicable	
		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILMORE, STEVEN G 976 TOWNSEND BLVD JACKSONVILLE, FL 32211-6040		DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P GILMORE, STEVEN G 976 TOWNSEND BLVD. JACKSONVILLE, FL 322116040			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP GILMORE, ROBERT J 976 TOWNSEND BLVD. JACKSONVILLE, FL 322116040			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Steven G. Gilmore</u>		Steven G. Gilmore 3/31/08 904-94597			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			