

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

DOCUMENT # P93000030296 (6)

1. Corporation Name

CUSTER ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:58

Principal Place of Business
8910 E. TREASURE ISLAND AVE.
LEESBURG FL 34788

Mailing Address
8910 E. TREASURE ISLAND AVE.
LEESBURG FL 34788

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1993
3a. Date of Last Report 10/05/1994

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3181045
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSTER, PEGGY L
8910 E. TREASURE ISLAND AVE.
LEESBURG FL 34788

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 of Registered Agent (if not registered agent, not this form)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CUSTER, PEGGY L
STREET ADDRESS 8910 E. TREASURE ISLAND AVE.
CITY ST ZIP LEESBURG FL 34788

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE D
NAME CUSTER, GARY S
STREET ADDRESS 8910 E. TREASURE ISLAND AVE.
CITY ST ZIP LEESBURG FL 34788

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 199.032(6)(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 it makes 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: *Peggy L. Custer* Peggy L. Custer
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95 (904)365-0613