FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

(352)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000030296 (6)

CUSTER ENTERPRISES, INC.

Principal Place of Business Mailing Address												
8910 E. TREASURE ISLAND AVE. LEESBURG FL 34788			8910 E. TREASURE ISLAND AVE. LEESBURG FL 34788-3225									
							0	Date Incorporated or Qualified 4/22/1993		ate of Last)2/1996	Report	
2. Principal P	Place of Business	2a. 26	Mailing Address				- 1	FEI Number 59-3181045			Applied For Not Applicable	
Suite, Apt. #, etc.		27				5. (Certificate of Status Desired		.	Additional Required		
City & State		28				I .	Election Campaign Financing Trust Fund Contribution			May Be I to Fees		
Zip 24	Country 25	29	Zip	30	untry		F	This corporation has liability for lorida Statutes	Yes 🕽	₫ No	s. 199.032,	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
CUSTER, PEGGY L					81	Name						
8910 E. TREASURE ISLAND AVE. LEESBURG FL 34788					82	Street A	Address (P.0	O. Box Number is Not Accept	able)			
LEC	SDUNG FL 34/00				83							
					84	,			FL	.	Code	
11. Pursuant office or t	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the oblig	02 and 60	07.1608, Florida Statu Ja. Such change was	utes, the a	bove d by	e-named	corporation	submits this statement for the	e purpose of	changing	its registered	
agent I a	im familiar with, and accept the oblig	gations of	, Section 607.0505, F	lorida Sta	lutes	S.	or anom o be	and of an odoro. This oby doc	opt the app	OITH HOTE B	3 regiatored	
SIGNATURE	Signature, typed or printed name of registered as	sent and title i	lf amplicable (NC	OTE: Floo stere	d Age	ent signature	required when re	ninstatino)	DATE			
12.	OFFICERS AN			13.			·	DDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	D		DELETE	1.11	ITLE					Change	☐ Addition	
NAME	CUSTER, PEGGY L	1.000		1.2 N	AM[
STREET ADDRESS	8910 E. TREASURE ISLAND A LEESBURG FL 34788	WE.				ADDRESS						
CITY-ST-ZIP TITLE	D D		DELETE	1.4 C 2 1 1		1 - 7IP				Change	Addition	
NAME	CUSTER, GARY S			211 22 N						Cuantie	LJ ADUILION	
STREET ADDRESS	8910 E. TREASURE ISLAND A	VE.				ADDRESS						
CITY-ST-ZIP	LEESBURG FL 34788					ST-ZIP						
TITLE			DELETE	317						Change	Addition	
NAME				3 2 N	AME	ŀ						
STREET ADDRESS				33S	TREET	ADDRESS						
CITY-ST-ZIP						51-7IP						
TITLE			L] DELETE	4.1 1						L Change	Addition	
NAME CORES ADDOCCO				4.21								
STREET ADDRESS City-St-Zip				- 6		ADDRESS						
TITLE			DELETE	5.1 1		T - 71P				Change	Addition	
NAME				5.2 N								
STREET ADDRESS	·					ADDRESS						
CITY-ST-ZIP				5.4 C	<u> </u>	1-2IP						
TITLE			DELETE	6.1 1	1LE					Change	Addition	
NAME				6.2 N	AME							
STREET ADDRESS				6.3 \$	IREE1	ADDRESS						

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 logal effect as if made under oath; that I am an officer or director-of-the-exporation 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.