FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:35
TALLAHASSEE, FLORIDA

DOCUMENT # P93000059107 (1)

1. Corporation Name

CUSTOM CRATING INCORPORATED

Principal Place of Business: ~~7181 HARBOR HEIGHTS CIR ORLANDO FL 32835~~

Mailing Address: ~~7181 HARBOR HEIGHTS CIR ORLANDO FL 32835~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3198932 — 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

2. Principal Place of Business
21: 1860 Mohican Trail
22: Suite, Apt. #, etc.
23: City & State: Maitland, Fl
24: Zip: 32751
25: Country: USA

2a. Mailing Address
26: P.O. Box 941374
27: Suite, Apt. #, etc.
28: City & State: Maitland, Fl
29: Zip: 32794
30: Country: USA

9. Name and Address of Current Registered Agent

BARBARA, WILLIAM D
7181 HARBOR HEIGHTS CIR
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1860 Mohican Trail
83
84 City: Maitland FL 85 Zip Code: 32751

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☒ Change ☐ Addition
NAME	BARBARA, WILLIAM D	1 NAME	
STREET ADDRESS	~~7181 HARBOR HEIGHTS CIR~~	1 STREET ADDRESS	1860 Mohican Trail
CITY-ST-ZIP	~~ORLANDO FL 32835~~	1 CITY-ST-ZIP	Maitland, FL 32751
TITLE	S	2 TITLE	☒ Change ☐ Addition
NAME	BARBARA, BARBARA S	2 NAME	
STREET ADDRESS	~~7181 HARBOR HEIGHTS CIR~~	2 STREET ADDRESS	1860 Mohican Trail
CITY-ST-ZIP	~~ORLANDO FL 32835~~	2 CITY-ST-ZIP	Maitland, Fl 32751
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

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 119.07(1)(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 or is attached with an address.

SIGNATURE: [signature] 4-27-95 407-740-5841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William D. Barbara

0418472 FP