

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000042575 (8)

1. Corporation Name

CUSTOM ELECTRONICS & SECURITY, INC.



Principal Place of Business

133 EGLIN PARKWAY S.E.
FT. WALTON BEACH FL 32548

Mailing Address

133 EGLIN PARKWAY S.E.
FT. WALTON BEACH FL 32548

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
09/22/1995

4. FEI Number

59-3251823

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

SKIPPER, DORIS H
133 EGLIN PARKWAY S.E.
FT. WALTON BEACH FL 32548

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SKIPPER, DORIS H
STREET ADDRESS 199 W. MIRACLE STRIP PKWY.
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE P
NAME GANDOLFI, JR., A.J.
STREET ADDRESS 199 W. MIRACLE STRIP PKWY.
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE S
NAME SKIPPER, MELODEE J
STREET ADDRESS #13 PINEHURST
CITY-ST-ZIP SHALIMAR FL 32579

TITLE V
NAME SKIPPER, MICHAEL A
STREET ADDRESS #13 PINEHURST
CITY-ST-ZIP SHALIMAR FL 32579

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 P
1.2 NAME Skipper, Michael A.
1.3 STREET ADDRESS #13 Pinehurst
1.4 CITY-ST-ZIP Shalimar, FL 32579

2.1 TITLE V
2.2 NAME Skipper, Doris H
2.3 STREET ADDRESS 199 W. Miracle Strip Pkwy
2.4 CITY-ST-ZIP Mary Esther, FL 32569

3.1 TITLE T
3.2 NAME Gandolfini, Jr., A.J.
3.3 STREET ADDRESS 199 W. Miracle Strip Pkwy
3.4 CITY-ST-ZIP Mary Esther, FL 32569

4.1 TITLE S
4.2 NAME Skipper, Melodee J.
4.3 STREET ADDRESS #13 Pinehurst
4.4 CITY-ST-ZIP Shalimar, FL 32579

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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(3)(k), 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:

Doris H. Skipper, V. Pres (Doris H. Skipper) 4-30-96 664-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)