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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32548-5518

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/03/1994

3a. Date of Last Report

05/01/1996

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

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

10. Name and Address of New Registered Agent

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 *Doris H Skipper - V*

Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SKIPPER, MICHAEL A. | |
| STREET ADDRESS | #13 PINEHURST | |
| CITY-ST-ZIP | SHALIMAR FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SKIPPER, DORIS H. | |
| STREET ADDRESS | 199 W MIRACLE STRIP PKWY | |
| CITY-ST-ZIP | MARY ESTHER FL | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | GANDOLFI, A.J. JR. | |
| STREET ADDRESS | 199 W MIRACLE STRIP PKWY | |
| CITY-ST-ZIP | MARY ESTHER FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | SKIPPER, MELODEE J. | |
| STREET ADDRESS | #13 PINEHURST | |
| CITY-ST-ZIP | SHALIMAR FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Skipper, Michael A. | |
| 1.3 STREET ADDRESS | #13 Pinehurst | |
| 1.4 CITY-ST-ZIP | Shalimar, FL 32579 | |
| 2.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Skipper, Doris H. | |
| 2.3 STREET ADDRESS | 3201 W. 13th St | |
| 2.4 CITY-ST-ZIP | Panama City, FL 32401 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Skipper, Melodee J. | |
| 4.3 STREET ADDRESS | #13 Pinehurst | |
| 4.4 CITY-ST-ZIP | Shalimar, FL 32579 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 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* *DORIS H. Skipper* 4-24-7 904 664-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0489538

CR2E034 (9/96)