

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000063797 (2)

1. Corporation Name

CUSTOM SERVICES UNLIMITED, INC.



Principal Place of Business

5009 NASSAU ST  
SUITE 100  
TAMPA FL 33607  
US

Mailing Address

POST OFFICE BOX 320467  
TAMPA FL 33679

3. Date Incorporated or Qualified  
08/25/1994

3a. Date of Last Report  
06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 2005 Pan Am Circle

26 Suite, Apt. #, etc.

22 Suite 500

27 City & State

23 Tampa, FL

28 City & State

24 33607

29 Zip

25 USA

30 Country

4. FEI Number

59-3265299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

VAUGHN, WILLIAM P  
3314 HENDERSON BOULEVARD  
SUITE 100  
TAMPA FL 33609

(SPELLING  
CORRECTED  
ON LAST  
Name Only)

81 Name VAUGHAN William P

82 Street Address (P.O. Box Number is Not Acceptable)

83 2005 Pan Am Circle

84 Suite 500

85 City TAMPA

FL

86 Zip Code

33607

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

William P. Vaughn

(Signature, typed or printed name of registered agent and state of incorporation)

(Name, typed or printed name of registered agent and state of incorporation)

DATE

4/27/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
VAUGHN, JAQUELYN  
3911 W WYOMING AVE  
TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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:

Jaquelyn S. Vaughn (JAQUELYN S. VAUGHN)

PRES. 4-27-96

(813)

278-8139

(Signature and typed or printed name of signing officer or director)

Date

Typed Phone

CR2E034 (12/95)