

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000074991 (8)**

1. Corporation Name:

**CUSTOM WOODWRIGHT, INC.**



Principal Place of Business

Mailing Address

**1440 WATERTOWER RD  
BAY #4  
LAKE PARK FL 33403**

**12941 CALAIS CIRCLE  
PALM BEACH GARDENS FL 33410  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OSMER, JERE G  
12941 CALAIS CIR  
PALM BEACH GARDEN FL 33410**

3. Date Incorporated or Qualified

**10/10/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0531366**

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

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

*Jere G. Osmer* *stet*

*July 10 '96*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME **D OSMER, JERE G**  
 STREET ADDRESS **12941 CALAIS CIR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ DELETE  
 NAME **D WILLIAMS, ELIZABETH A**  
 STREET ADDRESS **12941 CALAIS CIR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

☐ Change ☐ Addition

11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jere G. Osmer* *Jere G. Osmer*

*July 10 '96 (561)694-0640*

CR2E034 (3/96)