

FILE NOW: FILING FEE AFTER MAY 1 IS

FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPTATE
Sandr
Sec
DIVISIONIONS

DOCUMENT # P95000016998 (

1. Corporation Name
CULLEN CUSTOM CONTRACTING, INC.



Principal Place of Business

4226 5TH AVE SW
NAPLES FL 33999

Mailing Address

4226 5TH AVE SW
NAPLES FL 34110-22

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

24

25

29

9. Name and Address of Current Registered Agent

RYAN, JEAN A
1167 3RD ST S
NAPLES FL 33940

3. Date Incorporated or Qualified

02/25/1995

3a. Date of Last Report

08/21/1996

4. FEI Number

APPLIED FOR 65-0540649

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

10. Name and Address of New Registered Agent

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

City

FL

65

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, I, the undersigned, do hereby certify that I am an officer or registered agent, or both, in the State of Florida. Such change was approved 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)

Signature required when reinstating

DATE

4/23/97

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

CULLEN, JAMES J

4226 5TH AVE SW

NAPLES FL 33999

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

ADDRESS

-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for 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:

Signature and typed or printed name of signing officer

4/20/97

Date

(941) 362-2307

Daytime Phone #

0415878

CR2E034 (9/96)