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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name

P95000019551 (7)

CUSTOM FENCES OF SOUTH BREVARD, INC.

Principal Place of Business 700-JOHN-RODES BLV		Mailing Address 799-JOHN-RODEO OLVD UNIT OR WELROUNE FL-22501			
MOLEOCTINE - PL - 92007		MELDOSHIE YE GESOT		3. Date Incorporated or Qualified 03/02/1995	3a. Date of Last Report
2. Principal Place of Busine 21 1909 HARI Suite, Apt. #, etc 22	DIN LANE N.E	2a. Mailing Address 26 1909 HART Suite, Apt. #, etc. 27	IN LANE N.E.	4. FEI Number 59-3300403 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
City & State PALM BAY	.FL	City & State BA	Y FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zio} 32905	Country	29 32905	Country 30 BREVARD	8. This corporation has liability for in Florida Statutes 10. Name and Address of New R	ntangible tax under s=199.032, ☐ No
g, Name	and Address of Correll H	egistereu Agent	81 Name	ty. Name and Address of New A	egistered Agent
DALY, JOHN R 7 00 JOHN RODE UNIT D-8 MELBOURNE FL	:9 BLV D -92901		82 Street Addre 83 84 Oity Pau	ss (P.O. Box Number is Not Acceptable HARDIN LANE	FL 85 Zip Code
or registered agent, or	r bokir, in the State of Torida ppt the obligations of Society of the there is registered a pertact	Such change was authorized 607,0505, Florida Statutes thessanda aboth			5/14/96
NAME JOI STREET ADDRESS 190	OFFICERS AND DE ESIDENT HN R. DALY 9 HARDIN LAN LM BAY FL	E N.E. 32905	13. 1 1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-726	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ DELE1E	2 1 TITLE 2 2 NAME 2 3 STHEET ADDRESS 2 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS COTY - ST - ZIP		☐ DELETE	3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY+SI-ZIF		☐ Change ☐ Addition
NAME STREET ADDRESS		☐ DELETE	4 17HLE 42 NAME 43 STHLET ADDRESS		☐ Change ☐ Addition
CITY -S1 - ZIP TIFLE NAME STREET ADDRESS COV. S1 - ZIP		☐ DELEIF	4 4 CHY ST ZIP 5 THILE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY ST ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEFELE	6.4 Cify - S1 - ZiP 6.1 Tifle 6.2 NAME 6.3 SIREFT ADDRESS 6.4 Cify - ST - ZiP		☐ Change ☐ Addition
14. I do hereby certify that certify that the informa	ation indicated on this annual i	report or supplemental annua	hed and does not qualify fo	r the exemption stated in Section 119, e and that my signature shall have the report as required by Chapter 607, Flo	same legal effect as if made under

SIGNATURE:

ING OFFICER OF DIRECTOR

n an address.

5/14/96 724-1004