Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90011 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077416

1. Corporation Name

P.A.R. CUSTOM DRAFTING INC.

Principal Place of Business Mailing Address							17 14011 1B017 B100	
11026 SPRING HILL DR P.O BOX 15492 SPRING HILL FL 34608 SPRING HILL FL 34609					ì			
US US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/09/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21 26						59-3358311	يتيما معمول والمراجع والمساور	ot Applicable
Suite, Apt.	Suite, Apr. #, etc.	Apt. #, etc.			5. Certificate of Status Desired	cate of Status Desired Fee Required		
City & State City & State			··········			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry		8. This corporation owes the current year	Intangible	
24			30	•		Personal Property Tax.	☐ Yes	15€No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
0. Hallie alle Assarage at a province (4.8)				1 N	lame	ne		
ROUSH, PHILLIP			8	2 5	Strøet Addres	ss (P.O. Box Number is Not Acceptable)		
15331 WOODCREST RD				\perp				
SPRING HILL FL 34609			8	3				
			8	4 C	City		85 Zip	Code
office or re agent. I a	egistered agent, or both, in the State on the state of the colligation of the collins o	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized b rida Statute	y the es.	amed corporation	ration submits this statement for the purpose is board of directors. I hereby accept the appropriate representation DATE	or changing its	egistered
	Signature, typed or printed name of registered agent OFFICERS AND		13.	jeni sig	nature required w	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	P OFFICERS AND	DELETE	1.1 TITLE			ADDITIONS/OFFAITGES TO CITTOERC	Change	Addition
TITLE				l 1				
NAME	Ties seril e ritesia e ri		1.2 NAME					Ì
STREET ADDRESS			1.3 STRE					
CITY-ST-ZIP			1.4 CITY-		P		Change	Addition
TITLE	· —		2.1 TITLE				☐ Change	
NAME	11000111 011101 2		2.2 NAM	E	Ì			Ì
- STREET ADDRESS			23 STRE	ET ADI	DRESS		مئتنتين س	
CITY-ST-ZIP			2. 4 CITY	-ST-ZI	IP			
TITLE	☐ DELETE 3.1 TI		3.1 TITLE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4,1 TITLE	<u> </u>	}		Change	☐ Addition
NAME	4.2		4. 2 NAM	4, 2 NAME				.
STREET ADDRESS		4.3		4.3 STREET ADDRESS				
CITY-ST-ZIP				4 CITY-ST-ZIP				
TITLE			5.1 TITLE	ľ			☐ Change	☐ Addition
NAME 4			5.2 NAM	Ë	-			
STREET ADDRESS			5.3 STRE	ET ADI	DRESS			

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

☐ DELETE

☐ Change

☐ Addition