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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087449 (1)

1. Corporation Name
CUSTOM ELECTRIC SERVICE, INC.

Principal Place of Business

12185 SE HWY 484
BELLEVIEW FL 34420
US

Mailing Address

329 MARION OAKS DR.
OCALA FL 34473-2440



3. Date Incorporated or Qualified
11/13/1995

3a. Date of Last Report
02/15/1996

2. Principal Place of Business

21 12185 SE Hwy 484
Suite, Apt #, etc. n/a

22 City & State
Bellevue FL

23 Zip Country
34420

24 34420 25

2a. Mailing Address

26 P.O. Box 1271
Suite, Apt #, etc. n/a

27 City & State
Bellevue FL

28 Zip Country
34421

29 34421 30

4. FEI Number
59-3350002

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

9. Name and Address of Current Registered Agent

SORENSEN, GARY L
329 MARION OAKS DR.
OCALA FL 34473

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

President

3-26-97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SORENSEN, GARY L
STREET ADDRESS 329 MARION OAKS DR.
CITY-ST-ZIP Ocala FL 34473

TITLE D ☐ DELETE
NAME PAUGH, TIMOTHY A
STREET ADDRESS 329 MARION OAKS DR.
CITY-ST-ZIP Ocala FL 34473

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, on attachment with an address.

SIGNATURE:

Gary L. Sorensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary L. Sorensen 3/20/97 352-347-0553

Date

Daytime Phone #

0441905

CR2E034 (9/96)