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.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000092046 (8) CUSTOM CONTRACTING OF BREVARD, INC. Mailing Address Principal Place of Business 1764 FALLAN BLVD 1764 FALLAN BLVD PALM BAY FL 32907 PALM BAY FL 32907 3a. Date of Last Report 3. Date Incorporated or Qualified 12/01/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 59-3<u>353603</u> Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required \$5.00 May Be 6. Election Campa gn Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Zip Yes No Florida Statutes 30 29 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DOVEL, JAMES B Street Address (P.O. Box Number is Not Acceptable) 82 1764 FALLAN BLVD PALM BAY FL 32907 83 Zip Code 84 City 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. DAIL SIGNATURE (NOTE: Reg stored Agent signature required when reinstating) Signature, typed or protest name of registered agent and tille if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) 13. OFFICERS AND DIRECTORS 12. Roger MCGIONN DELETE STITLE VP D-P TITLE 1270 NOIAN ST NE DOVEL, JAMES B NAME FAILON 1.3 STREET ADDRESS 1764 FALLHAN BLVD STREET ADDRESS 1.4 CITY - ST - ZIP PALM BAY FL 32907 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addytion DELETE 3.1 TiTLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME 4.3 STREET ADORESS STREET ADDRESS 44 CITY - ST-ZIP Change Addition CITY-ST-2IP DELETE 5 1 TITLE TITLE 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY - \$1 - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6 4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR