## DOCUMENT # P95000092046

CUSTOM CONTRACTING OF BREVARD, INC.

Principal Place of Business							
950 CITRUS AVENUE	N.E.						

Mailing Address

950 CITRUS AVENUE N.E.



2. Principal Place of Business   Substitution   S	PALM BAY FL	32905		PALM BAY FL 32905 US									
Suito, Apt. 4, etc.   Suito, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE											IANA NEN BEN	1 <b>21 11 1 1</b> 1 11	li
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   St. Certificate of Status Desired   Sea. 75 Additional Fee Polymer   Fee P	2. Principal P	2. Principal Place of Business 3. Mailing Address											
Country   Country   Country   Country   Country   S. Conflicate of Status Desired   SA75 Additional	Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	ite, Apt. #, etc.				DO NOT WE	RITE IN THIS	SPACE			
Second   S	City & Stat	е	· · · · · · · · · · · · · · · · · · ·	City & State			<b>4</b> . F	El Number	59-33536	03			
DOVEL, JAMES B 950 CITRUS AVENUE N.E. PALM BAY FL 32905  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  9. This accordance in ellipsible to satisfy its imagible Tax filling requirement and elects to do so. (See orteria or back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. SIRET ADDRESS  17. S	Zip		Country	Zip	Zip Country			Certificate of	Status Desired			Additional	able
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)		6 Name	and Address of Current F	Registered Agent		<del></del>	7 N	lame and A	dress of New	Registered	<u> </u>	Titled	
SSO CTRUS AVENUE NE PALM BAY FL 32905  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE  9. This corporation is eligible to satisfy its imangible Tax ling requirement and elects to 0 a.  After MAY 1, 200 Fee will be \$50,000 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE DEBTE ADDRESS  SIRET ADDRESS  CITY-51-2P  FILE NAME  SIRET ADDRESS  CITY-51-		o. Name	and Address of Corrent	legistered Agent		Name		ibilite and A	Juless of New	riegiateret	Agent		$\dashv$
SSO CTRUS AVENUE NE PALM BAY FL 32905  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE  9. This corporation is eligible to satisfy its imangible Tax ling requirement and elects to 0 a.  After MAY 1, 200 Fee will be \$50,000 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE DEBTE ADDRESS  SIRET ADDRESS  CITY-51-2P  FILE NAME  SIRET ADDRESS  CITY-51-	nov	EL JAMES I	9	•									
B. The above named entity submits finis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature, lipsed or pretent name of requisered agent and the if application.  9. This corporation is eligible to satisfy its intanglic Tax liting requirement and elects to do so.   Make Teach Paper signature of back   Department o	950 CITRUS AVENUE N.E.				Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteris on back)  11.	PALI	M BAY FL 32	2905			City					-   Zin 0	· · · · · ·	
SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  STREET ADD						City				F		ode	
9. This corporation is elligible to satisfy its Intanglible (See criteria on back)   See criteria on b	8. The above	named entity	submits this statement for	the purpose of changing its	register	red office or	registered age	ent, or both,	in the State of F	lorida.		,	
Atter MAY 1, 2001 Fee will be \$550.00 (See criteria on back)   Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees    11.	SIGNATURE .	Signature, typed o	r printed name of registered agent ar	nd title if applicable. (NOT	E: Register	ed Agent signatur	e required when rei	instating)		DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filling requirement and elects to do so After MAY 1, 2001 Fee		will be \$5	50.00			-						
NAME STREET ADDRESS CITY-ST-ZIP  DOVEL, JAMES B 950 CITRUS AVENUE N.E. PALM BAY FL 32905  Delete NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS CITY-ST-ZIP	11.	OFFICERS AND DIRECTORS 12.				ADI	DITIONS/CH	HANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 11		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Р		☐ Delete	TITL	.E					☐ Chang	je 🔲 Ad	dition §
CITY-ST-ZIP PALM BAY FL 32905  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME	DOVEL, JA	MES B		NAN	ΛE							5
TITLE NAME STREET ADDRESS CITY-ST-ZIP													100
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITL	.E					☐ Chang	je 🗌 Ad	dition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				NAN	AE .							
TITLE NAME STREET ADDRESS CITY-ST-ZIP						1							İ
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	(-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				→ □ Delete							Chang	je ∐ Add	dition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP													-
TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITI	_					☐ Chang	hA 🔲 ar	dition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Detete		i i					Onling	о <u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				STR	EET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	r-ST-ZIP							1
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete	TITL	.E					Chang	je 🔲 Adi	dition
CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME				NAN	NE							
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY	r-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Chang	je 🔲 Adr	dition
CITY-ST-ZIP CITY-ST-ZIP													{
13. 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		ortify that the	information punction with t	this filing does not qualify to			d in Contine 1	10.07/23/6	Elorido Ctatutas	1 further =	artify that th	o informati	

indicated on this report or supplied with this him does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.