## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000027828 (8)

CUSTOM GRADING SERVICE, INC.

**FILED** Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
5103 S.E. 106TH STREET 5103 S.E. 106TH STREET BELLEVIEW FL 34420 BELLEVIEW FL 34420					
DESCENDING TO STREET		AFTERIES IF ALSKA			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					03/25/1996
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For
21		26			<b>59-3367326</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22 27					Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28]			Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	У	8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. 🔀 Yes 🗌 No
9. Name and Address of Current Registered Agent				Nan	10. Name and Address of New Registered Agent
	LOAR, CAROL J			Nam	e
5103 S.E. 106TH STREET			82	Stree	et Address (P.O. Box Number is Not Acceptable)
BEI	LLEMEW FL 34420				
			63	1	
			84	City	85 Zip Code
44 0 2 2 2 2				<u></u>	FL   FL   FL   FL   FL   FL   FL   FL
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.					
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					
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOAR, DEREK J		1.2 NAME		
STREET ADDRESS	5103 S.E. 106TH STREET		1.3 STREE	T ADDRES	
CITY-ST-ZIP	BELLEVIEW FL		1.4 CITY-1	ST - ZIP	
TITLE	Р	☐ DELETE	2.1 TITLE		Change Addition
NAME	LOAR, CAROL J		2.2 NAME		
STREET ADORESS	5103 S.E. 106TH STREET		2.3 STREE	T ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL		2. 4 CITY-	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRES	
CITY-ST-ZIP			3.4. CITY-		]
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	V1-111	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP			4.4 CITY-5		<u> </u>
TITLE		DELETE	5.1 TITLE	31.516	☐ Change ☐ Addition
NAME			5.2 NAME		- Shango - Addition
STREET ADDRESS			5.3 STREET	LIDDOFO	.
i i					·
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-S 6.1 TITLE	or-ZIP	Change Addition
NAME		_ otter	1		Li Change Li Addition
			6.2 NAME		,
STREET ADDRESS			6.3 STREET		5   ····
CITY-ST-ZIP			6.4 CITY - 5	ST-ZIP	1

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.

352-245-5441