

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

FILED

Mar 03 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 # P96000029389 (9)

1. Corporation Name  
CUSTOM CURBING & EDGING, INC.

Principal Place of Business  
1605 MAIN ST. SUITE 912  
SARASOTA FL 34236

Mailing Address  
1605 MAIN ST. SUITE 912  
SARASOTA FL 34236-5852



3. Date Incorporated or Qualified 04/04/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 1015 Thomas Avenue  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 491638  
Suite, Apt. #, etc.

4. FEI Number 59-3416562  
Applied For Not Applicable

22 City & State  
23 Leesburg, Fl.

27 City & State  
28 Leesburg, Fl.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34748  
25 Lake

29 34749-1638  
30 Lake

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOVLL, W BARTLETT  
1605 MAIN ST, SUITE 912  
SARASOTA FL 34236

81 Name Judy Bjorn  
82 Street Address (P.O. Box Number is Not Acceptable) 2727 West Main Street  
83  
84 City Leesburg, florida FL 85 Zip Code 34748

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, 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 Judy Bjorn, Sec/Treas. 2/27/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HOFFMAN, ROBERT	
STREET ADDRESS	P O BOX 491638 N/A	
CITY - ST - ZIP	LEESBURG FL 34749	
TITLE	D	DELETE
NAME	HOFFMAN, STEVEN	
STREET ADDRESS	P O BOX 491638 N/A	
CITY - ST - ZIP	LEESBURG FL 34749	
TITLE	D	DELETE
NAME	BJORN, JUDY	
STREET ADDRESS	P O BOX 491638 N/A	
CITY - ST - ZIP	LEESBURG FL 34749	
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	President	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	Vice President	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	Secretary/Treasurer	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 or on an attachment with an address.

SIGNATURE Judy Bjorn, Secretary/Treasurer 2/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)