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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000034401 (5)

CUSTOM DRAFTING, INC.

Principal Place of Business 1790 EDITH STREET

Mailing Address

1790 EDITH STREET

FILED

97 JUL -2 MIII: 10

SECITEMENT OF STATE TALLATIANS OF FLORIDA

85

Zip Code

ENGLEWOOD FL 34223		ENGLEN	WOOD FL 34223-431	U			İ				
				*				3. Date Incorporated or Qualified 04/19/1996	3a. Date	of L	ast Report
2	Principal Place of Busine	DSS	2a. Mai	illing Address				4. FEI Number		T	Applied For
21			26 P	0. Box	7			E65-0665068			Not Applicable
Suite, Apt #, etc. 22			Suite, Apt. #, etc.								75 Additional se Required
23	City & State 23			•	,	FL		Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
24		Country 25	<u></u>	4295	Co 30	untry					der s. 199.032,
	9. Name a	and Address of Current F	legistered	d Agent		.		10. Name and Address of New Re	gistered Ag	jent	
	DICKINSON, ROI 460 SO. INDIAN/		2a. Mailing Address 4. FEI Number 5. Certificate of Status Desired \$8.7								
	ENGLEWOOD FL					82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
			•			83					
						84	City			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 agont, 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 ani i	familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutes.		as (og.010100				
SIGNATURE 500	patives tand or proted name of registerest agent and title if applicating (NOTE)	Description of the particle	e (equires when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	(equired when reinstating) ADDIT(ONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DELETE. ·	1) TITLE	President Change					
NAME		1.2 NAME	Wayne A. White	• -				
STHEET ADDRESS	•	1.3 STREET ADDRESS	Wayne A. White P.O. Box 7 Ma					
CITY-ST-ZIP		1.4 CITY - ST-ZIP	Englewood, FL 34295					
TITLE	DELETE	2.1 TITLE	Secretary Change	Addition				
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS	Charity A. Eavey 1790 Edith Ayenye Englewood, FL 34223					
C(1Y+S1-2)P		2 4 CITY - S1 - ZIP	Englewood, FL 34223					
TITLE	DELETE	31 TITLE	Change	Addition				
HAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY+ST-ZIP		3.4. CITY - ST - 2(P	<u></u>					
TITLE	DELETE	4.1 TITLE	☐ Change	Addition				
NAME		4 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-20P		4.4 CITY - ST - ZIP						
TITLE	☐ DELETE	5.1 TITLE	Change	Addition				
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	Change	Addition				
NAME		6.2 NAME	,,					
STREET ADDRESS	ı	0.3 STREET ADDRESS	BV 000 1/6500					
		•	$1 \times 1 \times$					

14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.