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 # P96000042413 (0)

CUSTOM HOME DRAFTING, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				f idditadt til folg ditt matt metr anter anter anter ting til in ten inder inden inden inden				
1916 FERGUSON RD 1916 FERGUSON RD								
CHIPLEY FL 32428		CHIPLEY FL 32428		DO NOT WRI	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·	****	
					05/17/1996			
2. Principal Pi	lace of Business	2a, Mailing Address			4. FEI Number	1	Aı	pplied For
21		26			59-3380402		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 4319	1 HWY 77	27 4319 HWV	77		g. Certificate di Status Desired		Fee R	equired
City & State		City & State	.		6. Election Campaign Financing	P****		May Be
23 Chi	DIEY Florida	28 Chiple		210A	Trust Fund Contribution			to Fees
Zip ~ A	Country		Country		8. This corporation owes or has	_		
24 3 69	25	29 32428 30			Personal Property Tax due Ju-			_] No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New I	togistorou A	Sent	
	CKBEE, N T		[V]	14ame				
1916 FERGUSON RD					ddress (P.O. Box Number is Not Accept	able)		
СН	IPLEY FL 32428		B3					
			B4	City		FL	85 Zip	Code
<u> </u>	607.040	O - d COZ 4500 Flerido Statidan M	1	nameda	orporation submits this statement for the		changing i	te registered
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was autho	rized by	the corpo	pration's board of directors. I hereby acc	ept the appo	intment as	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	Statutes					
SIGNATURE	Signature, typed or printed name of registered age	those Poo	istaced Again	t rignet re re	equired when reinstating)	DATE		
12.	Signature, typed or pointed name of registered age OFFICERS AN		13.	K BIGHBRUTE TE	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE	D		1.1 TITLE	- 1	S		Change	☐ Addition
NAME	BUCKBEE, N T		1.2 NAME	6	BUCKBEE, NT	•		
STREET ADDRESS	1916 FERGUSON RD		1.3 STREET	AODRESS 4	4319 HWY77			
CITY-ST-ZIP	CHIPLEY FL 32428		1.4 CITY-ST	-7IP 4	chipley. FL 32428			1
TITLE	0.00		2.1 TITLE				Change	Addition
NAME			2.2 NAME					1
STREET ADDRESS		l	2.3 STREET	ADORESS				
CITY-ST-ZIP			2. 4 CITY - S	1				
TITLE			3.1 TITLE				Change	Addition
NAME			3 2 NAME					
STREET ADDRESS			3 3 STREET	ADDRESS				
CITY-ST-ZIP			3 4. CITY - S					
TITLE			4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST					
TOTLE		☐ DELETE	51 TITLE	1			Change	Addition
NAME			5.2 NAME					ļ
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP		i	5 4 CITY-ST	r-ZIP				
TITLE			6 1 TITLE				Change	Addition
NAME			6.2 NAME	- 1				
STREET ADDRESS			63 STREET	address				ļ
CITY-ST-ZIP			64 CITY-ST					ļ
44 I bosobu s	nertify that the information supplied u				Lio Section 119 07(3)(i) Florida Statutes	I further cer	tify that the	e information

4. 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 eath; 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: NO 01000 CHOKER

4/17/98 (850)638-0250