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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000098513**

CALIFORNIA CUSTOMS, INC.						
Principal Place of Business	Mailing Address				1 14141 41141 1114 1114 1111 1111 1111	
4312 W. JACKSON STREET 4312 W. JACKSON STREET						
PENSACOLA FL 32506	PENSACOLA FL 32506			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
				12/05/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 3210 GODWIN CANC	26			59-3432250	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22	27			Fee Required		
City & State 23 PENSACOCA, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip	Coun	try	8. This corporation owes the current year Intang		
24 32526 25	29 30	5		Personal Property Tax.	Yes XNo	
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Ag	ent	
		8	Name			
GILL, RALPH R 4312 W. JACKSON STREET PENSACOLA FL 32506		,	32 Street	treet Address (P.O. Box Number is Not Acceptable)		
		1	Officer Address (F.O. Box Matheur to Motor Southeaster)			
		1	33			
		8	34 City	FL	85 Zip Code	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida. Such change was auth	ionzed t	ov the corb	corporation submits this statement for the purpose of ch oration's board of directors. I hereby accept the appoint	anging its registered nent as registered	
SIGNATURE RAPINATE DILL RA	KPH & Gill			3-11-99		
Signature, typed or printed name of registered ager		gistered A	gent signature	required when reinstating) DATE	DIDECTORS IN 42	
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D	☐ DELETÉ	1.1 TITL		١	☐ Change ☐ Additio	
NAME GILL, CHRISTINA A		1.2 NAME				

4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 61 TITLE ☐ Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

3.1 TITLE 3.2 NAME

4.1 TITLE

CITY-ST-ZIP 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 suppliemental 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 polipheation or the receiver of pastered to execute this report as required by chapter 607. Florida Statutes; and that my name appears in

SIGNATURE

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

7530 TONTO ST.

7530 TONTO ST.

PENSACOLA FL 32526

HENSON, RALPH W JR.

PENSACOLA FL 32526

☐ DELETE

☐ DELETE

☐ DELETE

Mar 14, 1999 8:00 am

Secretary of State

03-14-1999 90040 006 ***150.00

Addition

☐ Addition

Addition

Addition

☐ Change

☐ Change

Change