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

Jun 18 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # **P97000051091 (1)** DEISLER CUSTOM FRAMING. INC. Principal Place of Business Mailing Address 216 ROYAL DRIVE 216 ROYAL DRIVE DE FUNIAK SPRINGS FL 32433 DE FUNIAK SPRINGS FL 32433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1997 2. Principal Place of Business Applied For Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 Name DEISLER, JENNY 218 **Ro**yal Drive 82 Street Address (P.O. Box Number is Not Acceptable) DE FUNIAK SPRINGS FL 32433 83 84 City Z<sub>ID</sub> 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 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agest signature required when reinstating) Signature: typed or penti diname of regenered agent and title if apple able. CR2E034 (1097 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TILLE Change Addition TITLE PRESIDENT WILLDAM J. DEISLER 1.2 NAME NAME STREET ADDRESS 1.3 STREET ADDRESS AIG ROYAL DELVE, DE FUNDER SASSIL. VICE PAES., SE CRETARY, TREASURED HIET CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TOLE 21 D)(f NAME 2.2 NAME JENNY DEISLER DE FUNDAL 9199, FC 32433 STREET AUDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - 7IP Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IF 4.4 CITY - \$T - ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-7IP DELETE Change Addition 6 1 TITLE TITLE

> 6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 submaterport 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 recognitation of the recover 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 attachaged with an address. CIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

May 29 1998

(8501 802 8171

**FILED**