

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

**FILED**

**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000075264 (6)**

1. Corporation Name

**CUSTOM HOME IMPROVEMENT, INC.**



Principal Place of Business

**9950 PRINCESS PALM AVE SUITE 102  
TAMPA FL 33619**

Mailing Address

**9950 PRINCESS PALM AVE SUITE 102  
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b>	
<b>21</b>	<b>9950 Princess Palm Ave</b>	<b>26</b>		<b>08/29/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b>	
<b>22</b>	<b>Suite 102</b>	<b>27</b>		<b>39-3464854</b>	
City & State		City & State		Applied For	
<b>23</b>	<b>TAMPA FL</b>	<b>28</b>		<input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24</b> <b>33619</b>	<b>USA</b>	<b>29</b>	<b>30</b>	<b>6. Election Campaign Financing</b>	
				Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**NOLAN, SUSAN  
100 S ASHLEY DR SUITE 1650  
TAMPA FL 33602**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

**FL**

**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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>KINNEY, DANIEL</b>			1.2 NAME	<b>William G. Burns</b>		
STREET ADDRESS	<b>9950 PRINCESS PALM AVE SUITE 102</b>			1.3 STREET ADDRESS	<b>9950 Princess Palm Ave Suite 102</b>		
CITY-ST-ZIP	<b>TAMPA FL 33619</b>			1.4 CITY-ST-ZIP	<b>TAMPA FL 33619</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BURNS, LANDA K</b>			2.2 NAME	<b>LANDA K BURNS</b>		
STREET ADDRESS	<b>9950 PRINCESS PALM AVE SUITE 102</b>			2.3 STREET ADDRESS	<b>9950 PRINCESS PALM AVE SUITE 102</b>		
CITY-ST-ZIP	<b>TAMPA FL 33619</b>			2.4 CITY-ST-ZIP	<b>TAMPA FL 33619</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>REGISTER, MIKE</b>			3.2 NAME	<b>William G. Burns</b>		
STREET ADDRESS	<b>9950 PRINCESS PALM AVE SUITE 102</b>			3.3 STREET ADDRESS	<b>9950 Princess Palm Ave # 102</b>		
CITY-ST-ZIP	<b>TAMPA FL 33619</b>			3.4 CITY-ST-ZIP	<b>TAMPA FL 33619</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>BURNS, WILLIAM G</b>			4.2 NAME	<b>Imberly B. Gerards</b>		
STREET ADDRESS	<b>9950 PRINCESS PALM AVE SUITE 102</b>			4.3 STREET ADDRESS	<b>9950 Princess Palm Ave # 102</b>		
CITY-ST-ZIP	<b>TAMPA FL 33619</b>			4.4 CITY-ST-ZIP	<b>TAMPA FL 33619</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

**CC 5/1**

**Dep \$150.00**

**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 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:**

*William G. Burns*

**3-26-98**

**813-246-3320**

CR2E034 (10/97)