

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 # **P98000022118**

1. Corporation Name

**CUSTOM TRIM ENTERPRISES, INC.**

Principal Place of Business

**1120 MARTIN LUTHER KING BLVD.  
SEFFNER FL 33584**

Mailing Address

**1120 MARTIN LUTHER KING BLVD.  
SEFFNER FL 33584**

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90106 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/16/1998**

4. FEI Number

**59-3498785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**JOHNSON, JOHN W  
1120 MARTIN LUTHER KING BLVD.  
SEFFNER FL 33584**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN W	
STREET ADDRESS	4724 NEW VILLAGE DR., LOT 516	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT A	
STREET ADDRESS	8314 PADDOCK AVE.	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, DALE G	
STREET ADDRESS	3031/2 W. OSBORNE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHNSON, TERRI L	
STREET ADDRESS	3031/2 W. OSBORNE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JOHNSON, EDITH E	
STREET ADDRESS	3031/2 W. OSBORNE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DVP</b>
3.3 STREET ADDRESS	<b>JOHNSON, DALE G</b>
3.4 CITY-ST-ZIP	<b>303 1/2 W. OSBORNE AVE. TAMPA, FLA. 33603</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOHN W. JOHNSON** 2-24-99 654-6998

CR2E034 (1/98)