

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90220 033 \*\*\*150.00

DOCUMENT # P98000069711

1. Corporation Name  
CUSTOM CORRUGATED, INC.



Principal Place of Business  
4302 EAST 10TH AVENUE  
UNIT 306  
TAMPA FL 33605

Mailing Address  
4302 EAST 10TH AVENUE  
UNIT 306  
TAMPA FL 33605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1998

2. Principal Place of Business

21. Custom CORRUGATED INC.  
Suite, Apt. #, etc.

22. 4302 E. 10th Ave #302

23. City & State  
TAMPA FL

24. Zip  
33605

25. Country  
U.S.A.

2a. Mailing Address

26. P.O. Box 2982  
Suite, Apt. #, etc.

27. City & State  
RIVER VIEW FL

28. Zip  
33568

29. Country  
U.S.A.

4. FEI Number

59-352-8569

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip 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 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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME POLLARD, DONNA J  
STREET ADDRESS 4302 EAST 10TH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE VD  
NAME POLLARD, RONALD E  
STREET ADDRESS 4302 EAST 10TH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE SD  
NAME LABRAM, NANCY J  
STREET ADDRESS 4302 EAST 10TH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE TD  
NAME LABRAM, DENNIS J  
STREET ADDRESS 4302 EAST 10TH AVENUE  
CITY-ST-ZIP TAMPA FL 33605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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:

Donna J. Pollard

DONNA J. POLLARD

4-21-99

Date

813-241-6422

Daytime Phone #

CR2E034 (1/98)

0385747