FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S05380** **(8)**

1. Corporate Name
ADB CUSTOM CONTRACTING INC.

Principal Place of Business
~~700 NW 102 WAY~~
~~PLANTATION FL 33324~~

Mailing Address
~~700 NW 102 WAY~~
~~PLANTATION FL 33324~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/28/1990**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21: 10960 NW 5 COURT
22 Suite, Apt. #, etc.: PLANTATION, FLORIDA
23 City & State: 33324 US
24 Zip / 25 County

2a. Mailing Address
26: 10960 NW 5 COURT
27 Suite, Apt. #, etc.: PLANTATION FLORIDA
28 City & State: 33324 US
29 Zip / 30 County

4. FEI Number: **65-0223010** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BARRY, ANDREW D.
~~700 NW 102 WAY~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: 10960 NW 5TH COURT
84 City: PLANTATION, FL **FL** 85 Zip Code: 33324

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 _____ DATE
(Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	☒ Change ☐ Addition	
NAME	BARRY, ANDREW D.	12 NAME		
STREET ADDRESS	~~700 NW 102 WAY~~	13 STREET ADDRESS	10960 NW 5TH COURT	
CITY ST ZIP	~~PLANTATION FL~~	14 CITY ST ZIP	PLANTATION FL 33324	
TITLE	D	21 TITLE	☒ Change ☐ Addition	
NAME	BARRY, PAULA T.	22 NAME		
STREET ADDRESS	~~700 NW 102 WAY~~	23 STREET ADDRESS	10960 NW 5TH COURT	
CITY ST ZIP	~~PLANTATION FL~~	24 CITY ST ZIP	PLANTATION FL 33324	
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Andrew D. Barry ANDREW D. BARRY 4/15/95 (305) 370-0256
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0031060 CP