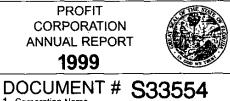
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90001 006 ***150.00

CUSTO	M GLASS & DOORS, INC.							
Principal Place of Business Mailing Address 906 E. ROSE ST. 906 EAST ROSE STREET						-	}E1 \$1\$(4 18(\$	116(1 B/B) BB
LAKELAND FL 33801 LAKELAND FL 33801						DO NOT WRITE IN THIS	SPACE	
US US						3. Date Incorporated or Qualifed	- OF AUL	
						02/15/1991		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21						59-3052605	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certificate of Status Desired	\$8.75 A	
22		27				or dominate streams because	- Fee Re	<u></u> -
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	
23		Zip Country				Trust Fund Contribution	Added to	o Fees
Zip ─_	Country	Zip		ıntry		8. This corporation owes the current year Int	angible Yes	No.
24	9. Name and Address of Curre		30	1		Personal Property Tax. 10. Name and Address of New Registered		7 ~
	o. Manie and Address of Curre	ur vaftisteren witaur		81	Name	Isolito and Page 200 of 11011 Politorion		
SHORT, CHARLES F 906 EAST ROSE STREET LAKELAND FL 33801								· ·
				82 Street Add		ess (P.O. Box Number is Not Acceptable)		
				83				
				Ш			30	1
				84	City	i Salata (Salata) i sa 🖬	85 Zip C	Code :
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	Registered	Agent si	gnature required	when reinstatung) DATE ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP	☐ DELETE	1.1 TF	πE			☐ Change	Addition
NAME	SHORT, DON L.		1 2 N	AME	Į			
STREET ADDRESS	5460 DOGWOOD LANE		1.3 \$1	TREET AL	DORESS			
CITY-ST-ZIP	GAINESVILLE GA		1.4 CI	TY-ST-Z	MP			
TITLE	DVP	☐ DELETE	2.1 TI	TLE			☐ Change	☐ Addition
NAME	GIBBS, LONNIE E.		2.2 N	AME				
STREET ADDRESS			2.3 \$1	TREET A	DDRESS		*	
CITY-ST-ZIP	STOCKBRIDGE GA			ITY-ST-	ZIP .	حم عمد دره درده حمد حم		Addition
TITLE	DST CHARLES F	☐ DELETE	3.1 TI				Change	L'I Addition
NAME	SHORT, CHARLES F		3.2 N/					
STREET ADDRESS	106 OAK SQUARE SO.			reet al	i			
CITY-ST-ZIP	LAKELAND FL	☐ DELETE	3.4. C 4.1 TI	ITY-ST-Z	ZIP		☐ Change	Addition
TITLE	{		•		1	•	[_] evidinge	
NAME			4. 2 N		-	•		
STREET ADDRESS			ı.	TREET AC				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI	TY-ST-Z	<u> </u>		Change	Addition
NAME		□	5.2 N					
STREET ADDRESS			5.3 ST	REET AL	ODRESS		•	
CITY-ST-ZIP				TY-ST-Z				
TITLE		DELETE	6.1 TI				☐ Change	Addition
NAME		<u> </u>	6.2 NA	AME.	1		-	l
STREET ADDRESS				TREET AL	ODRESS			
OTHER MOUNTS	1			TV. ST. 7	1	;		

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-682-0197 Daytime Phone #