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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S61826

(1)

1. Corporation Name
CUSTODIAL ENGINEERS, INC.

Principal Place of Business

1390 MAIN STREET
SARASOTA FL 34236
US

Mailing Address

1390 MAIN STREET
SARASOTA FL 34236-5687
US



3. Date Incorporated or Qualified
06/21/1991

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21
Street, Apt. #, etc.

2a. Mailing Address

26 PO Box 447
27 Suite, Apt. #, etc.

4. FEI Number

65-0274519

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

24

Zip

Country

25

28

Sarasota, FL

Zip

Country

29 34230-0447

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN DARYL, J
1819 MAIN STREET
SUITE 1100
SARASOTA FL 34236

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDT ☒ DELETE
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME HAMMEL, EDWARD J
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME LOMBARDO, ROBERT
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL

3.1 TITLE PSTD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VS ☒ DELETE
NAME HALLOY, RICHARD A
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Thistle, Al
4.3 STREET ADDRESS 1390 Main Street
4.4 CITY-ST-ZIP Sarasota, FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-97 941-954-5844

CR2E034 (9/96)