COMYN	S INTERNATIONAL, INC.	Jan 09, 2001 8:00 am Secretary of State										
872 BONAIRE	ce of Business CIRCLE E BEACH FL 32250-3933	Mailing Address 872 BONAIRE CIRCLE JACKSONVILLE BEACH FL 32250-3933 US			01-09-2001 90048 003 ***150.00							
2. Principal F	Place of Business	3. Mailing Address			_							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1		DO NOT W	RITE IN TH	IIS SPA	CE,	:	
City & Stat	re	City & State			4. FE	l Number	59-22473	79		`	plied For t Applicable	-
Zip Country		Zip Count		try	5. Certificate of Status Desired				\$8.75 Additional Fee Required			
	6. Name and Address of Current F	legistered Agent			7. Na	me and A	ddress of New	Register	d Age			1
-				Name	~ ~ ~		•			<u></u>		
872	AYNS, KENNETH C BONAIRE CIRCLE	Street Addr			ress (P.O. Box Number is Not Acceptable)							
LON	IGWOOD FL 32750-3933											
				City				F	L	Zip Code	9	
8. The above	named entity submits this statement for	the purpose of changing its	registere	Led office or register	red ager	it, or both,	in the State of					1
SIGNATURE .	Signature, typed or printed name of registered agent are			d Agent signature required	d when reins			DA1	E			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.0 After MAY 1, 2001 Fee will be \$5: Make Check Payable to Department			ate	 Election Campaign Financing Trust Fund Contribution. 				0 May Be to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		ADD	ITIONS/CH	ANGES TO O	FICERS A	ND DIF	RECTORS	S IN 11]_
TITLE	PD	☐ Delete	TITLE							Change	Addition	00/0
NAME STREET ADDRESS CITY-ST-ZIP	Comyns, Kenneth C. 872 Bonaire Circle Jacksonville Beach Fl 32250	2002		ET ADORESS -ST-ZIP								CR2E034 (10/00)
TITLE	STD Delete		TITLE			_				Change	☐ Addition	18
NAME	COMYNS, DOROTHY M.		. NAM									1
STREET ADDRESS	872 BONAIRE CIRCLE			ET ADDRESS								{
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		-	-ST-ZIP						Change	☐ Addition	┨
TITLE NAME	ļ	Delete	TITLE						Ų	Citalige _	Addition	
STREET ADDRESS			STRE	ET ADDRESS								
CITY-ST-ZIP			CITY	-ST-ZIP								}
TITLE		☐ Delete	TITLE							Change	Addition	
NAME STREET ADDRESS			NAM	et address								
CITY-ST-ZIP				-ST-ZIP								}
TITLE		□ Delete	TITLE	- :					[]	Change	Addition	1
NAME			NAM	E								
STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP			-1	-ST-ZIP						05	□ A 3.045 - 1	-
TITLE		☐ Delete	TITLE	4						Change	☐ Addition	(
NAME STREET ADDRESS				ET ADDRESS								
CITY-ST-ZIP				-ST-ZIP								Ì
indicated of the cor changed,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, we have the control of the con	rue and accurate and that n wered to execute this report ith all other like empowered.	ny signat as requi	ure shall have the	same leg 7, Florida	gal effect a Statutes;	s if made unde and that my na	r oath; tha me appea	t I am a rs in Bk	ın officer (or director Block 12 if	
SIGNAT	OHE: Zalaria	The state of the s		···		/	-17 -1	,,,,		<u> </u>		1

DOCUMENT # F96666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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4/01 Date