

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

DOCUMENT # P97000042517

1. Corporation Name
COMMSTRUCTURES, INC.

Principal Place of Business

25880 HWY 90 EAST
ROBERTSDALE AL 36567
US

Mailing Address

308 S JEFFERSON ST
PENSACOLA FL 32501

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90034 042 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3454619

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

MATTHEWS, ESEL F JR
308 S JEFFERSON ST
PENSACOLA FL 32501

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HOBBS, JAMES B	
STREET ADDRESS	2172 WEST NINE MILE RD, #165	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	VD	☐ DELETE
NAME	HARPOLE, JAMES Y	
STREET ADDRESS	2713 WOODBREEZE DRIVE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	STD	☐ DELETE
NAME	MENKE, WILLIAM J	
STREET ADDRESS	316 S BAYLER ST, STE 600	
CITY-ST-ZIP	PENSACOLA FL 32581	
TITLE	D	☐ DELETE
NAME	HOBBS, SHERRY FLORA	
STREET ADDRESS	2172 WEST NINE MILE RD, #165	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	☐ DELETE
NAME	HARPOLE, CHRISTINA HOBBS	
STREET ADDRESS	2713 WOODBREEZE DRIVE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	☐ DELETE
NAME	PAPANTONIO, J MICHAEL	
STREET ADDRESS	308 S JEFFERSON STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	

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	316 S. Baylen St. Ste 600
3.4 CITY-ST-ZIP	Pensacola, FL 32501
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	Harpole, Christina Hobbs
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	316 S. Baylen St. Ste 600
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:

James B. Hobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 850-436-7508

CR2E034 (11/98)