

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004774

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC0428862184**

**Entity Name:** COMBINED SERVICES OF FLORIDA, INC (FN)

**Current Principal Place of Business:**

5500 E. PONCE DE LEON AVENUE  
STONE MOUNTAIN, GA 30083

**Current Mailing Address:**

P.O. BOX 2910  
TUCKER, GA 30085 US

**FEI Number:** 58-1772930

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SYKES, SUZANNE S  
Address 3657 PEACHTREE ROAD NE  
#5A  
City-State-Zip: ATLANTA GA 30319

Title S  
Name SYKES, MARK C  
Address 3657 PEACHTREE ROAD NE  
#5A  
City-State-Zip: ATLANTA GA 30319

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUZANNE S. SYKES

**PRESIDENT**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date