

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 20, 1999 8:00 am  
Secretary of State

08-20-1999 90002 017 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # 244161

1. Corporation Name

COMBS & KENNEDY INC

Principal Place of Business

660 BLACKHAWK RD  
MADEIRA BEACH FL 33708

Mailing Address

660 AMERICAN LEGION DR  
MADEIRA BEACH FL 33708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1961

4. FEI Number

59-0934272

Applied For

Not Applicable

2. Principal Place of Business

21 660 AMERICAN LEGION DR

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

22 MADEIRA BCH

City & State

27 City & State

23 FL

Zip

24 33708

Country

25 PINELLAS

28 Zip

29

Country

30

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GRAHAM, LARRY E  
660 BLACKHAWK RD  
MADEIRA BEACH FL 33708

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 PSTD ☐ DELETE

NAME GRAHAM, LARRY E.  
STREET ADDRESS 660 BLACKHAWK ROAD  
CITY-ST-ZIP MADEIRA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

Signature of Registered Agent: LARRY E GRAHAM

Date

Daytime Phone #

(727) 393-2676

CR2E034 (5/99)

244/61  
608224-90002-17

COMBS AND KENNEDY, INC.  
DBA CAPTAIN'S GALLEY  
660 AMERICAN LEGION DRIVE  
MADEIRA BEACH, FL 33708

ANNUAL REPORTS FILINGS  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

The enclosed check in the amount of \$150.00 is presented as payment for the 1999 Annual Report filing fee for the above corporation.


I did not receive my report this year. I have always received my report in the past and did not notice that I had not received and paid it until I received your second notice.

In 26 years being in business, I have always paid this fee along with the license renewal to the Department of Business and Professional Regulation in a timely manner. I thought this year was no exception until receiving the recent notice of delinquency from your office. A thorough check of my records, however, indicates that for this fee was not paid because the report was not received.

I respectfully request that you accept this payment in full, abating any penalties that may have resulted due to non receipt of this report prior to this time.

I await your resolution to this matter and thank you for your attention.

Sincerely,



Larry Graham  
President

Enclosures