FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:19

DOCUMENT # 244161 (6)

1. Corporation Name
COMBS & KENNEDY INC

Principal Place of Business	Mailing Address
660 BLACKHAWK RD MADEIRA BEACH FL 33708	660 BLACKHAWK RD MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1961	3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-0934272	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KENNEDY,HARRY C
660 BLACKHAWK ROAD
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name: LARRY E GRAHAM
82 Street Address (P.O. Box Number is Not Acceptable): 660 BLACKHAWK RD
83:
84 City: MADEIRA BCH FL 85 Zip Code: 33708

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: Larry E Graham Pres/S/T/D DATE: 2-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	KENNEDY,HARRY C	1.2 NAME	Delete
STREET ADDRESS	660 BLACKHAWK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	Pres/S/T/D ☑ Change ☐ Addition
NAME	GRAHAM,LARRY E.	2.2 NAME	LARRY E GRAHAM
STREET ADDRESS	660 BLACKHAWK ROAD	2.3 STREET ADDRESS	660 BLACK HAWK RD
CITY-ST-ZIP	MADEIRA BEACH FL	2.4 CITY-ST-ZIP	MADEIRA BCH FL 33708
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY,ROBERT	3.2 NAME	
STREET ADDRESS	660 BLACKHAWK ROAD	3.3 STREET ADDRESS	Delete
CITY-ST-ZIP	MADEIRA BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 X mark.

SIGNATURE: Larry E Graham 2-27-95 393-2676
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LARRY E GRAHAM

000617 CP