

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 17 PM 1:23

DOCUMENT # 557556

(8)

1. Corporation Name

COMSTOCK LODGE, INC.

Principal Place of Business

603 POINSETTIA ST
STUART FL 34994

Mailing Address

603 POINSETTIA ST
STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1978

3a. Date of Last Report

02/21/1994

2. Principal Place of Business

21

2b. Mailing Address

25

4. FEI Number

59-1799717

Applied For

Not Applicable

Suite, Apt. #, etc

22

Suite, Apt. #, etc

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FOGT, THOMAS A.
700 COLORADO AVENUE
STUART FL

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 607.1506, 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 fee if applicable.

(NOTE: Registered Agent Signature required upon re-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME COMSTOCK, DENNIS
STREET ADDRESS 2787 S.E. COLD SPRING DR
CITY ST ZIP JENSEN BEACH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE PD
NAME COMSTOCK, RAYOLA
STREET ADDRESS 904 TERR RD
CITY ST ZIP STUART, FL 00000

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE DS
NAME COMSTOCK, RALPH
STREET ADDRESS 904 TERRACE ROAD
CITY ST ZIP STUART FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE VD
NAME COMSTOCK, RAYOLA R.
STREET ADDRESS 904 TERRACE RD.
CITY ST ZIP STUART FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.02(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dennis Comstock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95
(Date)

707 692 1088
(Telephone Number)