

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GO7850

1. Corporation COMBS	& PEACE REALTY, INC.								
Principal Place	e of Business	Mailing Address							
3240 S FLORID		3240 S FLORIDA AVE							
LAKELAND FL	33803	LAKELAND FL 33803				DO NOT WRI	TE IN THIS	SPACE	
บร		US				3. Date Incorporated or Qualifed			
	•					01/02/1998		····	
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number			optied For
21	· .	26		_		59-2236511			ot Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.	•	-		5. Certificate of Status Desired	жж		Additional .
22		27					AA.	Fee Ri	beniupe
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Ζφ	Counti	у		8. This corporation owes the curr	ent year int		أيب
24	25	29	30			Personal Property Tax.		Yes	XNo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New I	Registered	Agent	`
			· 8	1 Name	3/	ner 3mm Gombo			
PEACE, JOANN S		82 Street A		Mai	ry Ann Combs ss (P.O. Box Number is Not Accept	able)			
3240) s florida avenue	•	اً	Z Jugger,	324	40 S. Florida A	venue		
LAKE	ELAND FL 33803		8	3					
	-		L			 		[ag] 7:-	Codo
			8	4 City	T ~ 1	len 1 n m d	. FL	85 Zip 338	
44	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	es the abo	ve-named		keland ation submits this statement for the	purpose of	changing its	registered
office or n	egistered agent, or both, in the State of	f Florida. Such change was at	thorized b	y the corpo	oration	's board of directors. I hereby accep	of the appoin	ntment 25 re	gistered
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation.	f Florida. Such change was au ons of Section 607.0505, Flor	ida Statute	s.	oration	's board of directors. I hereby accep	ot the appoi	ntment as re	gistered
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0505, Flor	ida Statute	s. ARI	oration	s board of directors. I hereby acception of the second of	DATE	ntment as re	gistered
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office or reagent. I as	egistered agent, or both, in the state of m familiar with, and accept the obligation of the property of the pr	ons of Section 607.0505, Flor	Registered Ag 13	S. A D A	PR	MONTH COMES ADDITIONS/CHANGES TO OF ESIDENT	DATE	D DIRECTO	DRS IN 12
office or reagent. I as SIGNATURE 12.	spracura, proder proper name to Represent agent OFFICERS AND P PEACE, JOANN S	ons of Section 607.0505, Flor	Registered Ag 13. 1.1 TITLE	A. D. J.	PRI	Months COMES ADDITIONS/CHANGES TO OF ESIDENT mbs. Mary Ann	DATE FICERS AN	D DIRECTO	DRS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90238 018 ***158.75