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

APPROVED AND FILED

95 MAY -1 PM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G48653** **(1)**

1. Corporation Name
COMMERCIAL CONCEPTS, INC.

Principal Place of Business	Mailing Address
11920 FAIRWAY LAKES DRIVE SUITE 1 FORT MYERS FL 33913 US	11920 FAIRWAY LAKE DRIVE SUITE 1 FORT MYERS FL 33913 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1983
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2301168 ☐ 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

9. Name and Address of Current Registered Agent

ROSS, JAMES
1523 CORDOVA AVENUE
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) ~~30 Oak St~~ 616 EDISON AVE

83 CAPE CORAL FL. 33904

84 City ~~Salinas, Ca~~ FLx 85 Zip Code ~~93901~~

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 _____ DATE
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	PV	1.1 TITLE	☒ Change ☐ Addition
NAME	ROSS, JAMES A.	1.2 NAME	
STREET ADDRESS	1523 CORDOVA AVENUE	1.3 STREET ADDRESS	[redacted]
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	[redacted] 93901
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSS, JAMES A.	2.2 NAME	
STREET ADDRESS	1523 CORDOVA AVENUE	2.3 STREET ADDRESS	[redacted]
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	[redacted] 93901
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	# DEPOSITED BY BANK

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 address.

SIGNATURE: James A. Ross JAMES A. ROSS 1-18-95 561-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0333836 CP