

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR -4 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G66805**

**(4)**

1. Corporation Name

**COMCO OF AMERICA, INC.**

Principal Place of Business

**C/O PAULINE M. FRY  
P.O. BOX 33042  
ST. PETERSBURG FL 33733-8042**

Mailing Address

**C/O PAULINE M. FRY  
P.O. BOX 33042  
ST. PETERSBURG FL 33733-8042**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/27/1983**

3a. Date of Last Report

**03/25/1994**

4. FEI Number

**59-2337783**

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

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**FRY, PAULINE M.  
ONE PROGRESS PLAZA, SUITE 2600  
ST. PETERSBURG FL 33701**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>DV</b>                      |
| NAME            | <b>HAY, PETER D.</b>           |
| STREET ADDRESS  | <b>ONE PROGRESS PLAZA</b>      |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>       |
| TITLE           | <b>DCP</b>                     |
| NAME            | <b>KELLER, RICHARD D.</b>      |
| STREET ADDRESS  | <b>ONE PROGRESS PLAZA</b>      |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL</b>       |
| TITLE           | <b>DVT</b>                     |
| NAME            | <b>SMALLWOOD, JAMES V.</b>     |
| STREET ADDRESS  | <b>ONE PROGRESS PLAZA</b>      |
| CITY - ST - ZIP | <b>ST PETERSBURG FL</b>        |
| TITLE           | <b>C</b>                       |
| NAME            | <b>ORCHARD, GREGORY K</b>      |
| STREET ADDRESS  | <b>ONE PROGRESS PLAZA</b>      |
| CITY - ST - ZIP | <b>ST. PETERSBURG FL 33701</b> |
| TITLE           | <b>S</b>                       |
| NAME            | <b>HALEY, KATHLEEN M</b>       |
| STREET ADDRESS  | <b>ONE PROGRESS PLAZA</b>      |
| CITY - ST - ZIP | <b>ST PETERSBURG FL</b>        |
| TITLE           | <b>AS</b>                      |
| NAME            | <b>MUCCI, RALPH S</b>          |
| STREET ADDRESS  | <b>ONE PROGRESS PLAZA</b>      |
| CITY - ST - ZIP | <b>ST PETERSBURG FL</b>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  |                                                                              |
| 14 CITY - ST - ZIP |                                                                              |
| 21 TITLE           |                                                                              |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP |                                                                              |
| 31 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  | <b>3201 34th St. S.</b>                                                      |
| 34 CITY - ST - ZIP | <b>St. Petersburg, FL 33711</b>                                              |
| 41 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            | <b>CONTROLLER/V</b>                                                          |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

**100001448911**  
**04/06/95 01025 014**  
**\*\*\*\*200.00 \*\*\*\*200.00**

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 110.07(3)(k), 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:

*Kathleen M. Haley*

**KATHLEEN M. HALEY,  
SECRETARY**

**3/31/95**

**(813) 824-6531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Printed