

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/27/1983

3a. Date of Last Report
04/04/1995

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

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DV
HAY, PETER D.
ONE PROGRESS PLAZA
ST. PETERSBURG FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DCP
KELLER, RICHARD D.
ONE PROGRESS PLAZA
ST. PETERSBURG FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DVT
SMALLWOOD, JAMES V.
3201 34ST ST. SOUTH
ST PETERSBURG FL 33711**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CV
ORCHARD, GREGORY K
ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
HALEY, KATHLEEN M
ONE PROGRESS PLAZA
ST PETERSBURG FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
MUCCI, RALPH S
ONE PROGRESS PLAZA
ST PETERSBURG FL**

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

33701

☒ Change ☐ Addition

33701

☒ Change ☐ Addition

**BOMBINO, MICHAEL V.
One Progress Plaza
St. Petersburg, FL 33701**

☒ Change ☐ Addition

HOPKINS, SAMUEL M.

☒ Change ☐ Addition

33701

☒ Change ☐ Addition

33701

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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHLEEN M. HALEY,
SECRETARY**

3/18/96 (813) 824-6531

Daytime Phone #

CR2E034 (12/95)