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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified
10/27/1983

3a. Date of Last Report
03/25/1996

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

4. FEI Number
59-2337763

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

10. Name and Address of New Registered Agent

FRY, PAULINE M.
ONE PROGRESS PLAZA, SUITE 2800
ST. PETERSBURG FL 33701

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
NAME HAY, PETER D.
STREET ADDRESS ONE PROGRESS PLAZA
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE DCP
NAME KELLER, RICHARD D.
STREET ADDRESS ONE PROGRESS PLAZA
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE DVT
NAME BOMBINO, MICHAEL V
STREET ADDRESS ONE PROGRESS PLAZA
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE CV
NAME HOPKINS, SAMUEL M
STREET ADDRESS ONE PROGRESS PLAZA
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE S
NAME HALEY, KATHLEEN M
STREET ADDRESS ONE PROGRESS PLAZA
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

TITLE AS
NAME MUCCI, RALPH S
STREET ADDRESS ONE PROGRESS PLAZA
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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***165.00

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

Kathleen M. Haley, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97 (813) 824-6531

Date

Daytime Phone #

CR2E034 (9/96)