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Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
HAY, PETER D.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33701

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
KELLER, RICHARD D.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33701

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
HOPKINS, SAMUEL M.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33701

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
HALEY, KATHLEEN M. 01002--012

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

33701

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
MUCCI, RALPH S.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

33701

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 changed, or on an attachment with an address.

SIGNATURE:

KATHLEEN M. HALEY, Secretary

813/824-6531

CR2E034 (10/97)