FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)H79558 **DOCUMENT #** COM-ONE REALTY AND DEVELOPMENT, INC. Mailing Address Principal Place of Business 1251 OUEEN ELAINE DR 1251 QUEEN ELAINE DR CASSELBERRY FL 32707 CASSELBERRY FL 32707 3a. Date of Last Report 3. Date incorporated or Qualified 04/28/1995 10/07/1985 Applied For 4. FEI Number 2a. Mailing Address 59-2593276 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, 23 Country Country ☐ Yes ☐ No Zip Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) YINGLING, GILBERT 82 1251 QUEEN ELAINE DR. 83 CASSELBERRY FL 32707 Zip Code 84 City 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. TALL Signature, typest or protect outselet registated agreed are three happins bis ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change 12 DELETE TITLE 1.2 NAME YINGLING, GILBERT W. NAMÉ 13 STREET ADDRESS 1251 QUEEN ELAINE DR. STREET ADDRESS 1.4 CiTY - ST-ZIP CASSELBERRY FL Change Addition CITY - ST - ZIP DELETE 2 1 TITLE TITLE YINGLING, GILBERT W. 22 NAME NAME 2.3 STREET ADDRESS 1251 QUEEN ELAINE DR. STREET ADDRESS CASSELBERRY FL 2 4 CHTY - ST - ZIP Addition Change CITY-ST-ZIP DELETE 3 : 101 F TITLE 3.2 NAME NAME 3.3 SCHEET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 4 1 111118 THILE 5.00001805705 -05/02/96--01091--019 4.2 NAME NAME. 4.3 STREET ADDRESS STREET ADDRESS \*\*\*200,00 4.4 CITY - ST - ZIP Change ☐ Addition CITY - ST - ZIP DELETE 5 1 TiTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIF DELETE € 1 TilLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do heroby certify that the information supplied with this firing 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 earth; 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.

CR2E034 (12/95)

SIGNATURE

Willest W. Holling of Signific Officer or Director

A 124/96 401/145-2465

NATURE AND TYPED OF PRINTED NAME OF SIGNIFICER OR DIRECTOR

THE STATE W. THE SINGLE PRESIDENT

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