FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H79558

(3)

COM-ONE REALTY AND DEVELOPMENT, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address					
1251 OUEEN		1251 QUEEN ELAINE					
CASSELBERR	Y FL 32707	CASSELBERRY FL 32	707		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified		
					10/07/1985		
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	I Ai	oplied For
21					59-2593276	Nr.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	\$8.75	Additional
22		27	27		5. Certificate of Status Desired	Fee Ro	equired
City & State	,	City & State			6. Election Campaign Financing	\$5.00	May Be
28		28				Added to Fees	
Zip Country		Zφ	Zip Country		8. This corporation owes or has paid the	e current year In	tangible
24	25	29	30		Personal Property Tax due June 30.		□ No
	9. Name and Address of Cur	rent Registered Agent		·	10. Name and Address of New Registe	red Agent	
YIN	IGLING, GILBERT		81	Name			
125	31 QUEEN ELAINE DR.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
CA	SSELBERRY FL 32707						
			83				
			84	City		85 Zip	Code
			1	1		FLII	
11. Pursuant l	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	atutes, the abov	e-named cor	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	se of changing i	ts registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change w bligations of, Section 607.0505	as authorized b , Florida Statute	y tne corpora S.	ation's board of directors, I hereby accept the) арропшнень аѕ	i lediziesea
SIGNATURE							
SIGNATURE	Signature, typied or printed name of registered	agont and their applicable (NOTE Registered Ag	ent signature requ		ATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST	☐ DELETE	11 TITLE			Change	Addition
NAME	YINGLING, GILBERT W.		1.2 NAME				
STREET ADDRESS	1251 QUEEN ELAINE DR.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-1	ST-ZIP			
TITLE	D DELETE YINGLING, GILBERT W.		2 1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	1251 QUEEN ELAINE DR.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	1		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-2IP			34 CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADORESS			
CITY-ST-ZIP			4.4 CITY-	ST- 21P			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	1			
	certify that the information supplie	d with this filing does not quali			in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	e 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.

IGNATURE: ALLLE W. J. J. J. GIRBOT W. TINGLING AMORE 695-748