

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

3/23/95 B-2532-NC

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:39

DOCUMENT # **K26835** (4)
1. Corporation Name
COMBS CONSTRUCTION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 06/22/1988 | 9e. Date of Last Report 04/12/1994 |
| 4. FEI Number 65-0062233 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|----------------------------------------------------------|---------------------|------------------------------------------------------------|---------|
| Principal Place of Business | | Mailing Address | |
| % WILMA COMBS 3923 DUNN DR SARASOTA FL 34233 US | | C/O WILMA COMBS 3923 DUNN DR SARASOTA FL 34233 US | |
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 | 27 | | |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

ROBERT B COMBS
3923 DUNN DR
SARASOTA FL 34233

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: *Robert B. Combs* (Signature, typed or printed name of registered agent and the if applicable.) (NOTE: Registered Agent signature required when reappointing) DATE:

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMBS, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 3923 DUNN DR | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNYDER, GARY L | 2.2 NAME | |
| STREET ADDRESS | 4961 BUCHANAN PL | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | 2.4 CITY - ST - ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COMBS, ROBERT M | 3.2 NAME | |
| STREET ADDRESS | 5138 BROOKMEADE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 110.07(3)(a), 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: *Robert B. Combs* **ROBERT B. COMBS** 3-20-95 B13-371-4208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #