

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K26835** (4)

1. Corporation Name  
**COMBS CONSTRUCTION, INC.**



Principal Place of Business: % WILMA COMBS, 3923 DUNN DR, SARASOTA FL 34233 US  
Mailing Address: C/O WILMA COMBS, 3923 DUNN DR, SARASOTA FL 34233 US

3. Date Incorporated or Qualified: **06/22/1988**  
3a. Date of Last Report: **03/23/1995**  
4. FEI Number: **65-0062233**  
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

2. Principal Place of Business: 21 **3923 DUNN DR.**, 22 City & State: **SARASOTA, FL**, 23 Zip: **34233**, 24 Country: **SARASOTA**  
2a. Mailing Address: 26 **SAME**, 27 City & State: **FL**, 28 Zip: **34233**, 29 Country: **SARASOTA**, 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, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: COMBS, ROBERT STREET ADDRESS: 3923 DUNN DR CITY-STATE-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: SNYDER, GARY L STREET ADDRESS: 4961 BUCHANAN PL CITY-STATE-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	1.2 NAME	
TITLE: V NAME: COMBS, ROBERT M STREET ADDRESS: 5136 BROOKMEADE CITY-STATE-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: V NAME: STEVEN BUTLER STREET ADDRESS: 3107 LOCKWOOD TR CITY-STATE-ZIP: SARASOTA, FL 34431	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-STATE-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 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 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** 2-20-96 941-371-4208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)