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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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Substitution Subs	DOCUM 1. Corporation N		` '			DI DIKU DIKU DIKU DIKA DI DIK BIDIK DIDIK	
2	412 W 19TH ST 412 W 19TH ST			32405			
2 Principal Place of Business 2a Molling Actifelos 2a Super Apt #, etc. 2a Super Apt #, etc. 2b Super Apt #, etc. 2c Super							
Suint, Apt 4, etc. Suint, Apt 4, etc. Suint, A	2. Principa' Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
27							
20							
28			F · · · · ·		Trust Fund Contribution	Added to Fees	
SONATURE COMBS III, SAMUEL L. 412 W 19TH ST 24005 42	Zip		<u> </u>	or 9		ble tax under sil 199.032,	
COMBS II, SAMUEL L. 412 W 19TH ST PANAMA CITY FL 32405 23 24 24 24 24 24 24 24	24		-1 1	[30]			
### 12 W 19TH ST PANAMA CITY FL 32405 ### Only ### Only ### FL 85 Zep Code 11. Pursuant to the provisions of Sections Co7.00.07 and 677.1506 Floridal Studies, the above-months is continuated as projected agent, or notify in the State of Floridal Studies, the above-months is continuated as registered office or registered agent, or notify in the State of Floridal Studies and Park Studies and Pa				£1 Name			
23	412 W 19TH ST			£2 Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
E4 Only FL 85 Zop Code				<u> </u>	[63]		
11. Pursuant to the provisions of Sections 607 (0502 and 637 (1508 Fierdal Statutes, the glove-mental compositions submit this statement for the purpose of changing his registered agent, or both, in this State of Florida. Soint change was authorized by the comportation's board of directives. Thereby, accept the appointment as registered agent. I am familiar with, and accept the objective of Codd. Floridations of State of Floridations of Floridations of Floridations of Floridations of Floridations of State of Floridations of State of Floridations of State of Floridations of Floridations of State of Floridations of Floridations of Floridations of Floridations of State of Floridations of Floridations of Floridations of State of Floridations of Flo							
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual 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 empower discounted this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attactin ent with an address. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT IR