

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L84312** (2)

1. Corporation Name

MCCOMB CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

C/O TERRY L. MCCOMB
1311 MOUNTBATTEN ROAD
TALLAHASSEE FL 32301
US

C/O TERRY L. MCCOMB
1311 MOUNT BATTEN ROAD
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O TERRY L. MCCOMB
Suite, Apt. #, etc.

26 C/O TERRY L. MCCOMB
Suite, Apt. #, etc.

22 1878 VINELAND LANE
City & State

27 1878 VINELAND LANE
City & State

23 TALLAHASSEE FL
Zip

28 TALLAHASSEE, FL
Zip

24 32311 Country

29 32311 Country

25 ~~LEON~~ U.S.

30 U.S.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOMB, TERRY L.
2300 WEST INDIANHEAD DR.
TALLAHASSEE FL 32301

81 Name **TERRY L. MCCOMB**

82 Street Address (P.O. Box Number is Not Acceptable)
1878 VINELAND LANE

83

84 City **TALLAHASSEE** FL 85 Zip Code **32311**

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 **Terry L. McComb - PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

4-16-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MCCOMB, TERRY L.**
CITY - ST - ZIP **1311 MOUNTBATTEN ROAD**
TALLAHASSEE FL

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **MCCOMB, PAMELA G.**
CITY - ST - ZIP **1311 MOUNTBATTEN ROAD**
TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1878 VINELAND LANE**
1.4 CITY - ST - ZIP **32311**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1878 VINELAND LANE**
2.4 CITY - ST - ZIP **32311**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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: **TERRY L. MCCOMB - PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-96 877-547

CR2E034 (12/95)