FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:52

DOCUMENT # M92752 (8)

1. Corporation Name
COMBS HOMES, INC.

Principal Place of Business	Mailing Address
C/O DAVID COMBS 46 BUNKER CIRCLE ROTONDA WEST FL 33947	C/O DAVID COMBS 46 BUNKER CIRCLE ROTONDA WEST FL 33947

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1988
3a. Date of Last Report: 08/18/1994

2. Principal Place of Business	2a. Mailing Address
21 10 Sportsman Terrace	26 10 sportsman Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Rotonda west Fl. 33947	City & State 28 Rotonda west Fl.
Zip 24 33947 / Country 25 Charlotte	Zip 29 33947 / Country 30 Charlotte

4. FEI Number: 65-0068503 ☐ Applied For ☐ Not Applicable

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

COMBS, DAVID
46 BUNKER CIRCLE
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 10 Sportsman Terrace
83
84 City: Rotonda west FL 85 Zip Code: 33947

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: David Combs President David Combs President 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☒ Change ☐ Addition
NAME	COMBS, DAVID	1.2 NAME	
STREET ADDRESS	46 BUNKER CIR	1.3 STREET ADDRESS	10 sportsmanTerrace
CITY-ST-ZIP	ROTONDA WEST FL	1.4 CITY-ST-ZIP	Rotonda west Fl, 33947
TITLE	TV	2.1 TITLE	☒ Change ☐ Addition
NAME	COMBS, DAVID	2.2 NAME	
STREET ADDRESS	46 BUNKER CIR.	2.3 STREET ADDRESS	10 sportsmanTerrace
CITY-ST-ZIP	ROTONDA WEST FL	2.4 CITY-ST-ZIP	Rotonda west Fl, 33947
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 119.07(3)(i), 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: David Combs president 2/14/95 (813)697-6854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David Combs President

0463087 FP