

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P93000008545 (4)**

1. Corporation Name

COBB AND ASSOCIATES, INC.

95 MAY -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1990 W NEW HAVEN AVE S-203 MELBOURNE FL 32904**
Mailing Address: **1990 W NEW HAVEN AVE S-203 MELBOURNE FL 32904**

3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 04/29/1994
4. FEI Number 59-3170246	Applied For <input type="checkbox"/> 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. State Apt # etc. 22. City & State 23. Zip 24. County	2a. Mailing Address 26. State Apt # etc. 27. City & State 28. Zip 29. County
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9. Name and Address of Current Registered Agent COBB, MARK 1990 W NEW HAVEN AVE S-203 MELBOURNE FL 32904	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
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11. Pursuant to the provisions of Sections 607.0402 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB MARK,	2. NAME	
STREET ADDRESS	1990 W NEW HAVEN AVE, S-203	3. STREET ADDRESS	
CITY & STATE	MELBOURNE FL 32904	4. CITY & STATE	
TITLE		21. TITLE	DVPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	APPLEGATE, FRED W. III
STREET ADDRESS		23. STREET ADDRESS	246 N. Fed Hwy
CITY & STATE		24. CITY & STATE	Pompano Beach, FL. 33062
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY & STATE		44. CITY & STATE	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY & STATE		44. CITY & STATE	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY & STATE		54. CITY & STATE	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY & STATE		64. CITY & STATE	

14. I do hereby certify that the information set forth with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1914.03(9), Florida Statutes. I further certify that the information set forth in 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 a member of its board of directors or a person or persons designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 13, of this report as required by the above.

SIGNATURE: **Fred W. Applegate III** 4/28/95 407 984 3270