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

**PROFIT** CORPORATION ANNUAL REPORT

1996

City & State

23 Zip

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000068632 (7) 1. Corporation Name

BIDDISCOMBE, INC.			
Principal Place of Business	Mailing Address	T 188 (188) 108 (838) (188 69)) NOVIN	INIII ANTIN Neide INIIN Nised train zini anni
22083 US HWY 19 N CLEARWATER FL 34625 US	7121 WAREHAM DRIVE TAMPA FL 33647		
		3. Date Incorporated or Qualified 10/01/1993	3a. Date of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 22083 US 19 N.	59-3205743	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	S8.75 Additional Fee Required

CLIGARMATION

34625

29

9. Name and Address of Current Registered Agent EDBERG, HUGO C ESQ 101 W. KENNEDY BOULEVARD **BARNETT PLAZA - SUITE 2560** TAMPA FL 33602-5157

Country

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	<ol> <li>Date Incorporated or Qualified</li> <li>10/01/1993</li> </ol>		te of Last Heport 5/01/1995	
	4. FEI Number 59-3205743	<u> </u>	Applied For Not Applicable	
-	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
•	Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
-	<ol> <li>This corporation has liability for intangible tax under s 199.032,</li> <li>Florida Statutes ☐ Yes</li></ol>			

T	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City Fi 85 Zip Code

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 _	Signature, typed or printed name of registered agent and tilk. If applice	ible. (NOTE: Ro	gistered Agont signature required	5 when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THLE	D	DELETE	1. 1 TITLE	Change Addition	
NAMÉ	BRYDON, GEORGE T		1.2 NAME		
STREET ADDRESS	7121 WAREHAM DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33647	.,	1.4 CHY-ST-ZIP	Change Addition	
TITLE	· <del></del>	DELETE	2 1 THLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 C(TY - S1 - Z(P)		
TITLE		DELETE	3 1 THTLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELE E	4. 1 TITLE	Change Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C/TY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 City - ST - ZiP	On the state of Colors   Florida State for   further	

14. If 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:

SIGNATURE AND TYPED OR PHILITED NAME OF SIGNING OFFICER OR DIRECTOR