

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

APPROVED
AND
FILED

95 MAR 14 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087718 (1)

1. Corporation Name

COMBS AND ASSOCIATES STUCCO, INC.

Principal Place of Business

**805 FELLSMERE ROAD
SEBASTIAN FL 32958**

Mailing Address

**805 FELLSMERE ROAD
SEBASTIAN FL 32958**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/23/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0451744

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOZZOLO BROTHERS CONSTRUCTION CO., INC.
805 FELLSMERE ROAD
SEBASTIAN FL 32958**

81 Name

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

83

84 City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COMBS, JAMES A
STREET ADDRESS	1870 PINWOOD DRIVE
CITY - ST - ZIP	MELBOURNE FL 32934
TITLE	D
NAME	TOZZOLO, WAYNE R
STREET ADDRESS	805 FELLSMERE ROAD
CITY - ST - ZIP	SEBASTIAN FL 32958
TITLE	D
NAME	COMBS, JOHNNY R
STREET ADDRESS	8526 105TH COURT
CITY - ST - ZIP	VERO BEACH FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	STEVE TOZZOLO
1.3 STREET ADDRESS	1055 OAK TREE PLACE
1.4 CITY - ST - ZIP	MAIABAR, FL. 32950
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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: **✓**

WAYNE R. TOZZOLO

Date

3/10/95

Telephone #

407-358-3322

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR