FILE NOW [illegible]LING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:51

DOCUMENT # P94000067207 (8)

1. Corporate Name
COMEAUX SERVICES, INC.

Principal Place of Business
1213 BROWNING AVE
ORLANDO FL 32809

Mailing Address
1213 BROWNING AVE
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Admitted): 09/13/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 593269412
Applied For / Not Applicable

City, State, Zip — 22
City, State, Zip — 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

24 Zip 25 County
29 Zip 30 County
8. This corporation has assets to distribute for under § 607.1405 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KELLEY, GARLA
2767 W STATE RD 434
LONGWOOD FL 32779

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

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement of the principal place of business, 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 hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE D NAME COMEAUX, CHARLSIE STREET ADDRESS 1213 BROWNING AVE CITY, ST, ZIP ORLANDO FL 32809	
TITLE D NAME COMEAUX, BILLY STREET ADDRESS 1213 BROWNING AVE CITY, ST, ZIP ORLANDO FL 32809	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Add/Del
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report 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 on this annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect and made under oath that I am an officer or director of the corporation or the agent or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an attached with an address.

SIGNATURE: Billy Comeaux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95
Date

0004613 CP