

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073289 (7)

1. Corporation Name

COMER HILL, INC.



Principal Place of Business

Mailing Address

**150 OXFORD ROAD
SUITE 140
FERN PARK FL 32730**

**150 OXFORD ROAD
SUITE 140
FERN PARK FL 32730**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **Comer Hill, Inc.**

22 City & State

27 **P. O. Box 300789**

23 Zip

Country

28 Zip

Country

24 **32730-0789** 25 **Seminole**

3. Date Incorporated or Qualified

09/21/1995

3a. Date of Last Report

4. FEI Number

59-3336831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**DOSTER, WILLIAM E
215 NORTH EOLA DRIVE
ORLANDO FL 32801**

81 Name

Joseph D. Robinson, IV

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

150 Oxford Road, Suite 140

83 City

Fern Park,

FL

85 Zip Code

32730

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

Joseph D. Robinson, IV

Joseph D. Robinson, IV

Feb. 27, 1996

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROBINSON, JOSEPH D IV**
CITY-ST-ZIP **150 OXFORD ROAD, SUITE 140**
FERN PARK FL 32730

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROBINSON, PETER G**
CITY-ST-ZIP **150 OXFORD ROAD, SUITE 140**
FERN PARK FL 32730

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROBINSON, LAURA C**
CITY-ST-ZIP **150 OXFORD ROAD, SUITE 140**
FERN PARK FL 32730

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Joseph D. Robinson, IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph D. Robinson, IV

Feb. 27, 1996 407-831-2211

Date

Daytime Phone #

CR2E034 (12/95)