

FILE NOW: FILING FEE AFTER MAY 15: \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090692 (1)

1. Corporation Name
COM-IND PROPERTIES, INC.



Principal Place of Business: **801 INDUSTRIAL DRIVE WILDWOOD FL 34785**
Mailing Address: **POST OFFICE BOX 158 WILDWOOD FL 34785**

3. Date Incorporated or Qualified: **11/27/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **801 Industrial Drive**
22 Site, Apt. #, etc.
23 **Wildwood, FL**
24 Zip **34785**
25 Country **U.S.A.**

2a. Mailing Address
26 **P.O. Box 158**
27 Site, Apt. #, etc.
28 **Wildwood, FL**
29 Zip **34785**
30 Country **U.S.A.**

4. FEI Number: **59-3357736**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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
**STALEY, MARLENE
801 INDUSTRIAL DRIVE
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent
81 Name: **Same**
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: *Marlene Staley* **President** **7-22-96**
Signature typed or printed name of registered agent (Block 9) and date of signature (Block 11)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> DELETE |
| NAME | STALEY, MARLENE | |
| STREET ADDRESS | 801 INDUSTRIAL DRIVE | |
| CITY-ST-ZIP | WILDWOOD FL 34785 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STALEY, MARLENE | |
| STREET ADDRESS | 801 INDUSTRIAL DRIVE | |
| CITY-ST-ZIP | WILDWOOD FL 34785 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. 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 199.033(3)(b), 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: *Marlene Staley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARLENE STALEY

(352) 748-8889
Date of Filing

CR2E034 (12/95)