Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90077 021 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEF'ARTMENT OF STATE

Katherine Harris

Secr∈tary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012956

1. Corporation Name

COBB &	SONS, INC.									
Principal Plac 2848 COBELES PALM HARBOR US	STONE DR	Mailing Address 2848 COBBLESTONE DRIVE PALM HARBOR FL 34684 US					1 (19)(19) (11) (11) (11) (11) (11) (11)			1 111 3 1 111 1 111 1
							Date incorporated or Qualifed 02/08/1996			
2. Princip al P	lace of Business	2a. Mailing Address 26					El Number 59-3348432		<u> </u>	olied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. 0	Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat		City & State				1	Trust Fund Contribution		\$5.00 Added to	, ,
Zip 24	Country 25		Country 30	····		F	his corporation owes the currence of Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name		10. 7	Name and Address of New I	Registeri	u Agent	
	DER MERWE, SAREL D B COBBLESTONE DR		82		Aidress	ress (P.O. Box Number is Not Acceptable)		able)		
	M HARBOR FL 34684			1						
			84	City		_		F	85 Zip C	ode
office or r	to the provisions of Sections 607:050 egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was au	uthorized by	the corpo	ecrpore oration's	tion boa	submits this statement for the rd of directors. I hereby acce	purpose of the app	of changing its jointment as reg	egistered istered
SIGNATUF:E	Signature, typed or printed name of registered ager	n and title if applicable. (NOTE:	Registered Age	int signature re	equired who	en reir	nstating)	DATE		
12.		ID DIRECTORS	13.			Αſ	DDITIONS/CHANGES TO OF	FICERS :	AND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE						Change	☐ Addition
NAME	VAN DER MERWE, SAREL D		1.2 NAME							
STREET ADDRESS	2848 COBBLESTONE DR	1		1.3 STREET ADDRESS						
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-	ST-ZIP	Ĺ					
TITLE		DELETE	21 TITLE						Change	☐ Addition
NAME			2.2 NAME							Į
STREET ADDRESS			2.3 STREE	TADDRESS						İ
CITY-ST-ZIP			2 4 CITY-	ST-ZIP						
TITLE	☐ DELETE 3.1°		3.1 TITLE	3.1 TITLE					Change	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	T ADDRESS						Į
CITY-ST-ZIP			3.4. CITY-	ST-ZIP						
TITLE	DELETE 4.1		4.1 TITLE						Change	Addition
NAME			4.2 NAME	.						1
STREET ADDRE 3S			4.3 STREE	TADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TITLE	Ì					Change	Addition
NAME			5.2 NAME							ĺ
STREET ADDRESS	ļ		•	TADDRESS						ļ
CITY-ST-ZIP			5.4 CITY-	ST- ZIP						- Addition
TITLE		☐ DELETÉ	6.1 TITLE						Change	Addition
NAME			6.2 NAME							1
STREET ADDRESS			6.3 STREE	T ADDRESS	Í					I

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATU TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/1999 (727) 784-8269