

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024984

1. Corporation Name

COMMERCIAL CORP.

						<u> </u>	
Principal Place of Business Mailing Address					1 10011005 110 10110 Q1111 65111 8511 60111 E6	io itali mibio ididi idili midi iddi	
1612 HUNTINGTON PLACE		1612 HUNTING	TON PL	•			
SAFETY HARBO	OR FL 39703	SAFETY HARBO	OR FL 33203	·			
US	74,46	US	3 YC	9)	DO NOT WRITE IN TH	IS SPACE	
	34695		,		3. Date Incorporated or Qualified)	
2 Principal P	lace of Business	2a, Mailing Ad	idress		03/15/1996 4. FET Number	Applied For	
21	lace or admiess	26	ICHE 33		59-3377966	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt	#, etc		(\$8.75 Additional	
22		27			5. Certificate of Status Desired []	Fee Required	
City & Stat	e	City & Sta	ıl€		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	,	Country	8. This corporation owes the current year		
24	25	29	30	1 .	Personal Property Tax	[IYes [INo	
	9. Name and Address of Curre	nt Registered Age	ıt	81 Name	10. Name and Address of New Registere	d Agent	
PERI	engle, kenneth			O 1 INAPPLE		ì	
1100 42410 AVE N				82 Street Agry	Ad-hass (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33798			83	resp (P.O Box Number is Not Acceptate)		
• • • • • • • • • • • • • • • • • • • •				63	7		
				84 City ((al. 1/2) =	85 Zip Code	
44 Pursuant	to the provisions of Sections 607.05	.02 and 607 1508 FI	norda Statutes	#F- the aids aid	poration automits this statement for the purpose	of changing its redistant	
office or r	egistered agent, or both, in the State	e of Florida. Such ch	lange was autho	orized by the corporation	on's board of directors. I hereby accept the app	ointment as registered	
_	m familiar with, and accept the oblig	ations of, Section 60	7.0505, Florida	Statutes		j	
SIGNATURE	Signature, type for printed name of registered ag	per familitar if application	(N'He Be-	gestered Agent segment are an a	diwherm stony DATE	İ	
12.	OFFICERS A	ND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D]	DELETE	11 THEE		[Change [Addition]	
NAME	PFRENGLE, KENNETH		, ,	1.2 NAME	10000284	48511	
STREET ADDRESS	1612 HUNTINGTON PL	211 91	7	10 STREET ADDRESS	-04/20/99-	-01044003	
CITY-ST-ZIP	SAFETY HABOR FL	34675		14 CiTh - ST - ZiF	****150.0	0 ****150.00	
TITLE		- (DELETE	217:11		[Change [] Addition	
NAME				2.7 NAME		1	
STREET ADDRESS				2.3 STREET ADDRESS		}	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	1 DELETE	2.4 CITY - ST-2IP		[Change [Addition	
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	}			3.4 CITY-S1-ZIP		-	
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CITY-S1-ZIP				44 CITY-ST ZIF		Ì	
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NAME			J	52 NAME	1 1	}	
STREET ADDRESS			j	53 STREEL ADOMESS	\0). a\11.		
City-St-ZiP				54 CRY \$1-26"	DV -111A		
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NAME			j	6.7 NAME	•	,	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 logal 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.

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APPROVEL AND

FILED

99 APR 16 AH 9: 52

SECRETARY OF STATE FAULAPASSEE, FLORIDA