

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # P96000056977 (7)

1. Corporation Name
STEVEN P. COMBS, PROFESSIONAL ASSOCIATION

Principal Place of Business

222 EAST FORSYTH ST
JACKSONVILLE FL 32202
US

Mailing Address

222 EAST FORSYTH ST
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-3375259

Applied For

Not Applicable

5. Certificate of Status Desired

NO

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

NO

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

COMBS, STEVEN
222 EAST FORSYTH ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

Same as in Box 9

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COMBS, STEVEN P	
STREET ADDRESS	220 EAST FORSYTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. Combs, Steven P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Treas. 222 East Forsyth St	
1.3 STREET ADDRESS	Jax FL 32202	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Deborah L. Greene	
2.3 STREET ADDRESS	222 E Forsyth St	
2.4 CITY-ST-ZIP	Jax FL 32202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***150.00

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.

SIGNATURE

CR2E034 (5/98)

7/2

COMBS & GREENE

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

222 EAST FORSYTH STREET
THE HISTORIC MCMURRAY LIVERY STABLE
JACKSONVILLE, FLORIDA 32202

STEVEN P. COMBS
DEBORAH L. GREENE

TELEPHONE (904) 354-4030
FACSIMILE (904) 350-1967

July 30, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
Post Office 1500
Tallahassee, Florida 32302-1500

Re: **Steven P. Combs, Professional Association**

To Whom it May Concern:

Please find enclosed the Annual Report form for the above-referenced professional association, along with a check in the amount of \$150.00.

The report is late inasmuch as I did not receive a pre-printed form in the mail prior to the due date. I would have never noticed that it had not been received if I had not heard an announcement on your telephone recording while I was on hold waiting to speak to someone about a corporate name change form. I then immediately spoke with Ms. M. Milligan, who explained that under the circumstances the late fee could be waived. Therefore, I have only enclosed the amount of \$150.00.

If there are any problems, or you have any questions, please contact me immediately. Otherwise, thank you for your assistance with this matter.

Very truly yours,



Steven P. Combs

Enclosures