**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90060 032 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600056977

COMBS & GREENE, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address							
222 EAST FORSYTH STREET 222 EAST FORSYTH STREET JACKSONVILLE FL 32202 US US			DO NOT WRITE IN THIS SPACE					
				3. Date Incorporated or Qualifed 04/29/1996				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 59-3375259	Applied For Not Applicable			
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip Country  24 25	Zip 30	Country		This corporation owes the current year Interpretation     Personal Property Tax.	ŬYes □No			
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
COMBS, STEVEN		81	Name					
COMBS, STEVEN CON 222 EAST FORSYTH STREET FOR AS 1000		82	Street Add	ss (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202		83						
		84	City	FL	2ip 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								
OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
<del></del>								

L	Originature, typed or printed traffie of registered agent arise title it approache. (NOTE: 1	registered Agent signature redi	Officer which remarkation (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	<b>PT</b> □ DELETE	1.1 TITLE	0.8-337.275	☐ Change	☐ Addition
NAME	COMBS, STEVEN P	1.2 NAME	Section 1 and the section of the sec		
STREET ADDRESS	222 EAST FORSYTH STREET	1.3 STREET ADORESS	•		
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP			
TITLE	<b>VP</b> □ DELETE	2.1 TITLE		☐ Change	Addition
NAME .	GREENE, DEBORAH L	2.2 NAME	•		
STREET ADDRESS	222 EAST FORSYTH STREET	2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32202	2. 4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE		☐ Change	Addition
NAME STREET ADDRESS	होत्या है। इस के अपने के किया है। अपने के अपने इस इस होता है। इस	3.2 NAME			
STREET ADDRÉSS	Sec. 3. 4. 3. 5. 4. 6. 4. 6. 7. 7. 6. 6. 7. 6. 6. 7. 6. 6. 7	3.3 STREET ADDRESS	100	m server is	77 1 #1. Jan
CITY-ST-ZIP	SERVE STORE	3.4. CITY-ST-ZIP		Car Car	
TITLE	☐ DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME 220 07 37 0	Company	4, 2 NAME		•	•
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP			[
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME	4. 7) (*)		
STREET ADDRESS		5.3 STREET ADORESS			
CITY-ST-ZIP	<u>  PT                                   </u>	5.4 CITY-ST-ZIP			
TITLE	SUMMON DELETÉ	6.1 TITLE		Change	Addition
NAME	ZEPSTO SHIPS :-	6.2 NAME	•		
STREET ADDRESS	TOWN REPORT OF A STATE OF THE S	6.3 STREET ADDRESS		,	
CITY, ST. 7ID	NP .	6.4 CTTY-ST-ZIP			-

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.13.99

(904) 354-4030

CR2E034 (11/98

<sup>14.</sup> 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.