

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90025 021 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000103295**

1. Corporation Name

COMUSA, INC.

Principal Place of Business

5 GOLDEN OAK LN.  
ORMOND BEACH FL 32174

Mailing Address

5 GOLDEN OAK LN.  
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1996

4. FEI Number

59-3454129

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **3 Magnolia Ave. South**

Suite, Apt. #, etc.

22

City & State

23 **Ormond Beach FL.**

Zip

24 **32174**

Country

25 **Volusia**

2a. Mailing Address

26 **P.O. Box 3584**

Suite, Apt. #, etc.

27

City & State

28 **NEW BERN N.C.**

Zip

29 **28564**

Country

30 **CRAVEN**

9. Name and Address of Current Registered Agent

KRAMER, ROBERT E  
555 W. GRANADA BLVD., STE. A-9  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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]*  
Signature of registered agent and title if applicable.

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
HAMILTON, MARY M  
STREET ADDRESS P.O. BOX 72 N/A  
CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE ☐ DELETE

NAME DVP  
HAMILTON, DAVIS  
STREET ADDRESS P. O. BOX 72 N/A  
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME VPS  
HAMILTON, VIRGINIA G.  
STREET ADDRESS 1706 RHEM AVE.  
CITY-ST-ZIP NEW BENN N.

TITLE ☐ DELETE

NAME T  
THOMAS, JEFF  
STREET ADDRESS 1706 RHEM AVE.  
CITY-ST-ZIP NEW BENN N.

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

252-638-1493

Daytime Phone #