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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S42266

COLBY HOLDINGS, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							III OIDII BYOT		01011 001	
481 NORTH 77TH AVE. 481 NORTH 77TH AVE.										
PENSACOLA F		PENSACOLA FL 32506	PENSACOLA FL 32506			DO NOT WIDITE IN THIS SPACE				
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						03/29/1991				
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For		
21		26				59-3063574		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	1	
22		27				G. Contricate of Status Desired		Fee Re		
City & State		City & State				6. Election Campaign Financing	r	\$5.00		
23	Country	28 7in	Cour	ntru.		Trust Fund Contribution		Added t		
Zip	Country 25	Zip	Country			 This corporation owes or has p Personal Property Tax due Jun 			angible] No	
24 25 29 39 9. Name and Address of Current Registered Agent			1301			10. Name and Address of New Registered Agent			110	
COLBY, EDWARD O					81 Name					
481 N. 77TH AVENUE			}	82	Street Address	ss (P.O. Box Number is Not Accepta	hle)			
	ISACOLA FL 32506				Subel Addres	ss (7.0. Box (vulliber is 140) Accepte	ысу			
			Ī	83						
			}	84	City			85 Zip (Code	
				- 1	•		FL	.		
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut e of Florida, Such change was a	es, the ab authorized	ove t by	named corpo the corporatio	ration submits this statement for the	purpose of opt the app	ichanging it: ointment as	s registered 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 tillorit applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			13.	ngen	ii signalore required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	
TITLE	VSD			LE				Change	Addition	
NAME	COLBY, CHAD E.		1.2 NA	1.2 NAME						
STREET ADDRESS	11509 NORVAL PLACE		1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP	TEMPLE TERRACE FL			Y-S1	- ZIP			·		
TITLE	PTO	☐ DELETE 2:		LE				Change	Addition	
NAME	AAA NI TITLA AMP			2.2 NAME						
STREET ADDRESS	DEMOACOLA EL			2.3 STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL			2. 4 CITY-ST-ZIP				Change	Addition	
TOTLE	VD DELETE COLBY, SONNA J			3.1 TITLE 3.2 NAME				□ Cuarde		
NAME	481 N. 77TH AVENUE			3.2 NAME 3.3 STREET ADDRESS						
STREET ADDRESS	BENDACOLA EL		3.4. CI							
CITY-ST-ZIP TITLE	VD	DELETE	4.1 TIT		1 211			Change	☐ Addition	
NAME	PACKARD, TONYA		4. 2 N	AME						
STREET ADDRESS	1320 PROVIDENCE DRIVE		4.3 STREET		ADDRESS					
CITY-ST-ZIP	LAWRENCEVILLE GA			Y-ST	- ZIP					
TITLE		DELETE	5 1 TIT	LE				☐ Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP				Change	Addition	
TITLE			6.1 T()						ROUNION	
NAME Proces Address			6.2 NA		ADDRESS				ļ	
STREET ADDRESS			6.4 CO						1	
14. I hereby o	ertify that the information supplied	with this filing does not qualify f	or the exe	mpti	ion stated in S	ection 119.07(3)(i), Florida Statutes.	I further ce	ertify 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.