FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V23454** **(4)**

1. Corporation Name

COMQUEST DESIGNS, INCORPORATED

Principal Place of Business	Mailing Address
1920 NE 55TH BLVD SUITE B GAINESVILLE FL 32601	1920 NE 55TH BLVD SUITE B GAINESVILLE FL 32601

3. Date Incorporated or Qualified: **03/23/1992**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3124711** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1899 NE 23rd Ave.	26 1920 NE 55th Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32609 Country 25 USA	Zip 29 32641 Country 30 USA

9. Name and Address of Current Registered Agent

BURNS, REBECCA J.
1920 N.E. 55TH BLVD.
GAINESVILLE FL 32641

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 607.1502, 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, REBECCA J.		1.2 NAME	
STREET ADDRESS	1920 NE 55 BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE	AS	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, W. DALE		2.2 NAME	
STREET ADDRESS	1920 NE 55 BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE	T	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOND, DONNA L.		3.2 NAME	
STREET ADDRESS	8028 NW 156TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL		3.4 CITY-ST-ZIP	
TITLE	VP	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, ROBERT J. S		4.2 NAME	
STREET ADDRESS	8215 OAK ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINSVILLE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: Rebecca J. Burns 5/31/96 904-378-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #