

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005648 (8)**

1. Corporation Name

THE COOPER FACTOR, INC.



Principal Place of Business HARRIS COOPER - THE COOPER FACTOR, INC. 1107 HAZELTINE BLVD #475 CHASKA MN 55318 US	Mailing Address HARRIS COOPER - THE COOPER FACTOR, INC. 1107 HAZELTINE BLVD #475 CHASKA MN 55318 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14848 OLD US HWY 41 Suite, Apt. #, etc. 22 Ste 11 City & State 23 NAPLES, FL Zip 24 34110	2a. Mailing Address 26 14848 OLD US HWY 41 Suite, Apt. #, etc. 27 Ste 11 City & State 28 NAPLES FL Zip 29 34110
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3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

41-1647468

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**COOPER, HARRIS
9051 GULFSHORE DR
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

26455 CLARKSTON DR

83

84 City

BONITA SPRINGS

FL

85 Zip Code

34135

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 **DCPT** ☐ DELETE

NAME **COOPER, HARRIS**
STREET ADDRESS **1107 HAZELTINE BLVD #475**
CITY-ST-ZIP **CHASKA MN**

TITLE **DCVS** ☐ DELETE

NAME **COOPER, PATRICE D**
STREET ADDRESS **1107 HAZELTINE BLVD #475**
CITY-ST-ZIP **CHASKA MN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**26455 CLARKSTON DR
BONITA SPRINGS FL 34135**

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

**445 DOCKSIDE DR
NAPLES FL 34110**

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 in an attachment with an address.

SIGNATURE

[Signature]

4/20/98 041-592-6848

CR2E034 (10/97)