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 # **G54860** **(3)**

1. Corporation Name

COSCO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% DEWEY COSGROVE 215 U.S. HWY. 90 EAST CRESTVIEW FL 32539 US	% DEWEY COSGROVE 215 U.S. HWY. 90 EAST CRESTVIEW FL 32539 US

3. Date Incorporated or Qualified: **08/19/1983**
3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business	2a. Mailing Address
21 Cosco Bldg.	26 Cosco Bldg.
Suite, Apt #, etc. 22 215 Hwy 90 East	Suite, Apt #, etc. 27 215 Hwy 90 East
City & State 23 Crestview, FL	City & State 28 Crestview, FL
Zip / Country 24 32539 / 25 U.S.A.	Zip / Country 29 32539 / 30 U.S.A.

4. FEI Number: **59-2689023** ☐ 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

9. Name and Address of Current Registered Agent

COSGROVE, DEWEY
215 U.S. HWY. 90 EAST
CRESTVIEW FL 32539

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☒ Addition
NAME	COSGROVE, DEWEY		12 NAME		
STREET ADDRESS	215 US HWY 90 EAST		13 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		14 CITY-ST-ZIP	Crestview, FL 32539	
TITLE	S	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	COSGROVE, JEFFREY		22 NAME		
STREET ADDRESS	215 U.S. HWY. 90 EAST		23 STREET ADDRESS	6035 W. Dogwood Dr.	
CITY-ST-ZIP	CRESTVIEW FL		24 CITY-ST-ZIP	Crestview, FL 32539	
TITLE	P	☐ DELETE	31 TITLE		☐ Change ☒ Addition
NAME	FAUROTE, NICHOLAS C		32 NAME		
STREET ADDRESS	314 SKYLINE CIRCLE		33 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		34 CITY-ST-ZIP	Crestview, FL 32539	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(k), 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.

SIGNATURE: _____ J. Cosgrove March 4, 1996 904/682-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #