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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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 |
|---|---|
| COSCO BLDG<br>215 HWY 90 EAST<br>CRESTVIEW FL 32539<br>US | COSCO BLDG<br>215 HWY 90 EAST<br>CRESTVIEW FL 32539<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1983

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 215 James Lee Blvd E | 26 215 James Lee Blvd E |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Crestview, FL | 28 Crestview, FL |
| 24 Zip 32539 / 25 Country US | 29 Zip 32539 / 30 Country US |

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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| COSGROVE, DEWEY<br>215 U.S. HWY. 90 EAST<br>CRESTVIEW FL 32539 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 215 James Lee Blvd E<br>83<br>84 City: Crestview, FL 85 Zip Code: 32539 |

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 5/13/1998
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☒ Change ☐ Addition |
| NAME | COSGROVE, DEWEY | 1.2 NAME | |
| STREET ADDRESS | 215 US HWY 90 EAST | 1.3 STREET ADDRESS | 215 James Lee Blvd E |
| CITY-ST-ZIP | CRESTVIEW FL | 1.4 CITY-ST-ZIP | Crestview, FL 32539 |
| TITLE | S ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | COSGROVE, JEFFREY | 2.2 NAME | |
| STREET ADDRESS | 6035 WEST DOGWOOD DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESTVIEW FL | 2.4 CITY-ST-ZIP | |
| TITLE | P ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | FAUROTE, NICHOLAS C | 3.2 NAME | |
| STREET ADDRESS | 314 SKYLINE CIRCLE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRESTVIEW FL | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 (10/97)

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.

SIGNATURE: _____ 5/13/1998 904/837-2261