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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G54860**

1. Corporation Name
COSCO & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
215 JAMES LEE BLVD E CRESTVIEW FL 32539 US	215 JAMES LEE BLVD E CRESTVIEW FL 32539 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1983

2. Principal Place of Business	2a. Mailing Address
21 Cosco Bldg.	26 Cosco Bldg.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 215 E. James Lee Blvd.	27 215 E. James Lee Blvd.
City & State	City & State
23 Crestview, FL	28 Crestview, FL
Zip / Country	Zip / Country
24 32539-2841 25	29 32539-2841 30

4. FEI Number
59-2689023
☐ Applied For
☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COSGROVE, DEWEY 215 JAMES LEE BLVD E CRESTVIEW FL 32539	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 215 E. James Lee Blvd. 83 84 City Crestview FL 85 Zip Code 32539-2841

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSGROVE, DEWEY 215 JAMES LEE BLVD E CRESTVIEW FL 32539	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	215 E. James Lee Blvd. Crestview, FL 32539-2841	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COSGROVE, JEFFREY 6035 WEST DOGWOOD DRIVE CRESTVIEW FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FAUROTE, NICHOLAS C 314 SKYLINE CIRCLE CRESTVIEW FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President Cosgrove, Dewey 215 E. James Lee Blvd. Crestview, FL 32539-2841	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Cosgrove, Secretary 3/24/99 850/682-6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #