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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J22862 (3)

1. Corporation Name

BOB COGGIN LAWN MAINTENANCE, INC.



Principal Place of Business

1415 N. E. 28TH STREET
POMPANO BEACH FL 33064

Mailing Address

1415 N. E. 28TH STREET
POMPANO BEACH FL 33064

3. Date Incorporated or Qualified

07/08/1986

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 11300 Woodchuck Lane

25 11300 Woodchuck Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Boca Raton, FL

27 Boca Raton, FL

City & State

City & State

23 33428

28 Boca Raton, FL

Zip

Zip

Country

24 USA

29 33428 30 USA

g. Name and Address of Current Registered Agent

WEISS, JAN P.
370 W. CAMINO GARDENS BLVD.
PLAZA 7-346
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name BOB COGGIN

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

11300 Woodchuck Lane

83

84 City Boca Raton

FL

85

Zip Code 33428

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

X Robert T Coggin Jr Pres

Robert T Coggin Jr Pres

6-28-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME COGGIN, BOB
STREET ADDRESS 1415 N.E. 28TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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 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:

X Robert T Coggin Jr Pres

Robert T Coggin Jr Pres

6-28-96

X 407-477-6628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date to Phone

CR2E034 (12/95)