

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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**
4. FEI Number: **59-2826887**
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

2. Principal Place of Business:
21 **11300 Woodchuck Lane**
Suite, Apt. #, etc.
22 **Boca Raton, FL**
City & State
23 **33428**
Zip
24
Country: **USA**
25
26 **11300 Woodchuck Lane**
Suite, Apt. #, etc.
27
City & State
28 **Boca Raton, FL**
Zip
29 **33428**
Country: **USA**
30

9. 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: *Robert T Coggin Jr* **Robert T Coggin Jr Pres. 6-28-96**
(Date)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COGGIN, BOB	
STREET ADDRESS	1415 N.E. 28TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Robert T Coggin Jr* **Robert T Coggin Jr Pres 6-28-96** X **407-477-6628**
(Date)

CR2E034 (12/95)