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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P92000000728 (5)**

1. Corporation Name
COGIN CONSTRUCTION & EXCAVATING, INC.

Principal Place of Business Mailing Address

~~2908 WESTON TERRACE~~ **2717 Warwick Terrace** ~~2908 WESTON TERRACE~~
~~PALM HARBOR FL 34685~~ **Palm Harbor, Fla** ~~PALM HARBOR FL 34685~~
34685

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Zip 30 Country

3. Date Incorporated or Qualified **10/29/1992** 3a. Date of Last Report **05/01/1984**

4. FEI Number **59-3141188** 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

COGIN, LAURA B
~~2908 WESTON TERRACE~~
~~PALM HARBOR FL 34685~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2717 Warwick Terrace**
83
84 City **Palm Harbor** FL 85 Zip Code **34685**

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 _____ (Separate, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	COGIN, LAURA B
STREET ADDRESS	2808 WESTON TERRACE
CITY - ST - ZIP	PALM HARBOR FL 34685
TITLE	P
NAME	COGIN, CHARLES E
STREET ADDRESS	2906 WESTON TERRACE
CITY - ST - ZIP	PALM HARBOR FL 34685
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Coggin, Charles E	
1 3 STREET ADDRESS	2717 Warwick Terr	
1 4 CITY - ST - ZIP	Palm Hbr, FL 34685	
2 1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Coggin Laura B	
2 3 STREET ADDRESS	2717 Warwick Terr	
2 4 CITY - ST - ZIP	Palm Hbr, FL 34685	
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 110.07(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: Charles E. Coggin Jr Charles E. Coggin Jr **4/25/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
1-813-987-2677