

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P92000000728 (5)

1. Corporation Name
COGGIN CONSTRUCTION & EXCAVATING, INC.



Principal Place of Business
**2717 WARWICK TERR
PALM HARBOR FL 34685
US**

Mailing Address
**2717 WARWICK TERR
PALM HARBOR FL 34685-1304
US**

3. Date Incorporated or Qualified **10/29/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3141188		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COGGIN, LAURA B 2717 WARWICK TERR PALM HARBOR FL 34685				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COGGIN, LAURA B		1.2 NAME		
STREET ADDRESS	2717 WARWICK TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COGGIN, CHARLES E		2.2 NAME		
STREET ADDRESS	2717 WARWICK TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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: _____ 11-21-97 812 78721677

CR2E034 (9/96)