SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P93000031151 (2)

DAVID B. COPELAND, INC.			1 188 (18 1 11 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business	Mailing Address		1	I un iil boton Maul Ilour Ilour Diio: 119: 1031
1350 E. TENNESSEE STREET SUITE C1-B TALLAHASSEE FL 32308	1350 E. TENNESSEE STREET SUITE C1-B TALLAHASSEE FL 32308		3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1993 07/13/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3178676	Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc	n 12	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite B2-B City & State	27 Suite B	2-0	6. Election Campaign Financing	
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability f	or intangible tax under s. 199.032,
24 25	29	30	Florida Statutes	Yes No
9. Name and Address of Curr	rrent Registered Agent	81 Name	10. Name and Address of New	Hegistered Agent
COPELAND, DAVID B				
1350 E. TENNESSEE STREET		82 Street Ad	dress (P.O. Box Number is Not Accep	table)
SUITE C1-B		83		
TALLAHASSEE FL 32308		84 City		85 Zip Code
		' '		FL [T]
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent I am familiar with, and accept the ob-	oligations of, Section 607.0505, Fl	orida Statutes		
SIGNATURE Signature typed or printed nance of registered		orida Statutes ITE Registered Agent signature req 13.	rred when remaining)	DATE FICERS AND DIRECTORS IN 12
Signature typed or printed nanic of registered	d agent and title if applicable (NO	DTE Registered Agent signature req	rred when remaining)	DATE
SIGNATURE Signature typed or prefed name of registered 12. OFFICERS TITLE P NAME COPELAND, DAVID B INC	diagent and title if applicable (NO AND DIRECTORS DELETE	TE Registered Agent signature red 13. 11 TITLE 12 NAME	rred when remaining)	DATE FICERS AND DIRECTORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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