

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90015 029 ***150.00
 04-25-1999 90015 030 *****8.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000101793

1. Corporation Name

COTTON PROFESSIONAL SERVICES COMPANY, INC.



Principal Place of Business

125 NW 23RD AVE
 SUITE 15
 GAINESVILLE FL 32609
 US

Mailing Address

8620-105 NW 13TH ST
 GAINESVILLE FL 32653
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

59-3424422

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 owes the current year intangible Personal Property Tax.

Yes

No

2. Principal Place of Business

21 125 NW 23rd Avenue

Suite, Apt. #, etc.

22 Gainesville FL

City & State

23 32609 Alachua

Zip

Country

2a. Mailing Address

26 125 NW 23rd Avenue

Suite, Apt. #, etc.

27 Gainesville FL

City & State

28 32609 Alachua

Zip

Country

9. Name and Address of Current Registered Agent

HANKIN, SAMUEL
 305 NE 1ST ST.
 GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME MCMURTRY, BETTY C
 STREET ADDRESS 8620-105 NW 13TH ST.
 CITY-ST-ZIP GAINESVILLE FL 32653

11 TITLE Change Addition

TITLE DELETE

NAME MCMURTRY, THOMAS F
 STREET ADDRESS 2201 NE 7TH ST.
 CITY-ST-ZIP GAINESVILLE FL 32609

12 NAME Change Addition

TITLE DELETE

NAME WINKLER, MARY MCMURTRY
 STREET ADDRESS 1528 FERDALE DR
 CITY-ST-ZIP AUBURN AL 36830

13 CITY-ST-ZIP Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

14 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

15 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

16 TITLE Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

Betty Cotton MCMurtry Pres Betty Cotton MCMurtry 041499 352 372 0976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)