

**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 1996



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

DOCUMENT # S48911 (9)

1. Corporation Name  
**COPHER U-PULL-IT OF NORTH TAMPA, INC.**



Principal Place of Business: 5015 22ND STREET CAUSEWAY TAMPA FL 33619 US  
Mailing Address: P.O. BOX 1408 TAMPA FL 33509 US

3. Date Incorporated or Qualified: 04/26/1991  
3a. Date of Last Report: 07/06/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 59-3178279  
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 [X]

9. Name and Address of Current Registered Agent  
**SHAHEEN, L. JOSEPH JR., ESQ.  
501 EAST KENNEDY BLVD.  
2700 BARNETT PLAZA  
TAMPA FL 33602**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COPHER, RONALD	
STREET ADDRESS	114 HICKORY CREEK RD.	
CITY - ST - ZIP	BRANDON FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	COPHER, RICHARD	
STREET ADDRESS	912 RIVER RAPIDS AVE.	
CITY - ST - ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUDSON, ERVIN	
STREET ADDRESS	401 VALRICO-SEFFNER ROAD	
CITY - ST - ZIP	VALRICO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WAGNER, JAMES	
STREET ADDRESS	1811 NOVA DRIVE	
CITY - ST - ZIP	VALRICO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GALENTINE, DENNIS W.	
STREET ADDRESS	18317 CITATION STREET	
CITY - ST - ZIP	LUTZ FL	
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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 7/1/96 (813) 247-3171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DISTRICT PREFIX #

CR2E034 (3/96)