

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V35789** (9)

1. Corporation Name

COOPER, COPPINS & MONROE, P.A.



Principal Place of Business

**3303 THOMASVILLE ROAD
SUITE 301
TALLAHASSEE FL 32312
US**

Mailing Address

**PO BOX 14447
TALLAHASSEE FL 32317-4447
US**

3. Date Incorporated or Qualified

05/13/1992

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **1319 Thomaswood Drive**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Tallahassee, FL

28

Zip

Country

Zip

Country

24

32312

25

U.S.

29

30

4. FEI Number

59-3122671

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

10. Name and Address of New Registered Agent

**COOPER, JOHN C
3303 THOMASVILLE ROAD
SUITE 301
TALLAHASSEE FL 32312**

81 Name

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

1319 Thomaswood Drive

83

84

City

Tallahassee

FL

85

Zip Code

32312

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
COOPER, JOHN C**
STREET ADDRESS **3738 LIFFORD CIR**
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **STD
COPPINS, MICHAEL F**
STREET ADDRESS **2934 ABBOTSFORD WAY**
CITY-STATE-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **VD
MONROE, LLOYD D**
STREET ADDRESS **ROUTE 3 BOX 41A**
CITY-STATE-ZIP **MONTECELLO FL 32344**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL F. COPPINS Sec/Tr. 3/11/96 904/422-2420

CR2E034 (12/95)