


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

FILED  
Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 362506 (8) 1. Corporation Name RALPH COOPER HOME BUILDERS, INC.					
Principal Place of Business 226 NEW YORK AVENUE ST CLOUD FL 34769			Mailing Address 226 NEW YORK AVENUE ST CLOUD FL 34769		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1970	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1310245			
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COOPER, RALPH L 226 NEW YORK AVENUE ST CLOUD FL 32769			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PC	<input type="checkbox"/> DELETE			
NAME	COOPER, RALPH L				
STREET ADDRESS	226 NEW YORK AVE				
CITY - ST - ZIP	ST CLOUD FL				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	COOPER, MARY E				
STREET ADDRESS	226 NEW YORK AVE				
CITY - ST - ZIP	ST CLOUD FL				
TITLE	1VP	<input type="checkbox"/> DELETE			
NAME	COOPER, CHARLES E				
STREET ADDRESS	22 KY. AVE				
CITY - ST - ZIP	ST CLOUD FL 34769				
TITLE	2VP	<input type="checkbox"/> DELETE			
NAME	COOPER, RANDALL V				
STREET ADDRESS	313 MINN. AVE.				
CITY - ST - ZIP	ST. CLOUD FL 34769				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 04/08/1970	
4. FEI Number 59-1310245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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TITLE	PC
NAME	COOPER, RALPH L
STREET ADDRESS	226 NEW YORK AVE
CITY - ST - ZIP	ST CLOUD FL
TITLE	ST
NAME	COOPER, MARY E
STREET ADDRESS	226 NEW YORK AVE
CITY - ST - ZIP	ST CLOUD FL
TITLE	1VP
NAME	COOPER, CHARLES E
STREET ADDRESS	22 KY. AVE
CITY - ST - ZIP	ST CLOUD FL 34769
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CITY - ST - ZIP	ST. CLOUD FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 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: *Ralph L. Cooper*

8/14/98

1407892-3341

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