

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 362506**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1970**

4. FEI Number

**59-1310245**

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

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

**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

12. **ADDRESS CHANGE APPROXIMATELY**

Signature required when reinstating

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**PC  
COOPER,  
226 NEW  
ST CLOUD  
ST  
COOPER,  
226 NEW  
ST CLOUD  
1VP  
COOPER,  
22 KY. AV  
ST CLOUD  
2VP  
COOPER,  
313 MINN  
ST. CLOUD**

**MAY 10, 1999:**

**RALPH COOPER HOME BUILDERS,  
INC.**

**301 MINN. AVE.**

**ST. CLOUD, FL 34769**

ADDRESS

ZIP

ADDRESS

ZIP

ADDRESS

ZIP

ADDRESS

ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: **Ralph L. Cooper**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99**  
Date

**(407) 892-3341**  
Daytime Phone #

CR2E034 (1/98)

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90101 020 \*\*\*150.00

