

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

MAY - 1 11 5:33

DOCUMENT # **442819**

(9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COOPER RANCH CORP.

Principal Place of Business

Mailing Address

111 WEST FORTUNE
TAMPA FL 33672-7609

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TAMPA FL 33672-7609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/27/1973

3a. Date of Last Report
08/03/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1502899

Applied For
Not Applicable

21. Suite, Apt. # etc

26. Suite, Apt. # etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199 U.S.C., Florida Statutes Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CalLEN, DAVID H.
111 W. FORTUNE ST.
TAMPA FL 33802**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	CalLEN, CHARLOTTE C.
STREET ADDRESS	111 WEST FORTUNE ST.
CITY, ST., ZIP	TAMPA FL
TITLE	V
NAME	CalLEN, CLAIRE
STREET ADDRESS	111 WEST FORTUNE ST.
CITY, ST., ZIP	TAMPA FL
TITLE	D
NAME	CalLEN, DAVID H.
STREET ADDRESS	111 WEST FORTUNE ST.
CITY, ST., ZIP	TAMPA FL
TITLE	P
NAME	CalLEN, TARQUIN
STREET ADDRESS	111 WEST FORTUNE ST.
CITY, ST., ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST., ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST., ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY, ST., ZIP	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered agent authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this filing or on an attachment with my address.

SIGNATURE:

David H. Callen
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DAVID H. CALLEN

4/20/95 (813) 224-500