

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 # 524234 (2)

1. Corporation Name

COOPER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

116 W. MERIDIAN AVE.
P.O. BOX 248
DADE CITY FL 33525-3715

116 W. MERIDIAN AVE.
P.O. BOX 248
DADE CITY FL 33525-3715

3. Date Incorporated or Qualified
01/21/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 37700 Meridian Avenue

26 P.O. Box 248

Suite, Apt. #, etc.

Suite, Apt. # etc.

4. FEI Number

59-1719260

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

22 City & State

23 Dade City, FL

24 33525

Country

25 USA

27 City & State

28 Dade City, FL

29 33526

Country

30 USA

9. Name and Address of Current Registered Agent

COOPER, DIANE P.
315 WEST CHURCH AVE.
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

Cooper, Diane P.

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

18200 Sunset Blvd.

83

84 City

Redington Shores, FL

FL

85 Zip Code

33708

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

Diane P. Cooper

(NOTE: Registered Agent signature required when reinstating)

10th June 96

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME COOPER, DIANE
STREET ADDRESS 315 WEST CHURCH AVE.
CITY - ST - ZIP DADE CITY, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - 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 - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diane P. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Two Phone #