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

PROFIT CORPORATION ANNUAL REPORT



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

1996

619898 **DOCUMENT #**

(0)

 Corporation Name IACK W. COOTT CONCEDUCTION INC

Principal Plac	DALE DRIVE MYERS FL 33903	Mailing Address 4163 ERINDALE DRIVE NORTH FT MYERS FL			:				
					3. D	Date Incorporated or Qualified 05/04/1979	3a. Date of 04/ 1	Last R 1/198	eport 95
2. Principal Place of Business		2a. Mailing Address			4. F	4. FEI Number Applied For Net Applied For			
Suite, Apt #, etc.		Suite, Ant. #, etc.	Suite, Ant. #, etc.			Not Applicable 5. Codificate of State Posited 5. \$8.75 Additional			
22		27	├ ── `			5. Certificate of Status Desired Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	Coun	try	8. TI	his corporation has liability for	intang ble tax u		
24	25	29	30				3 No		
	9. Name and Address of Cur	Telli Registered Agent		31 Name	10. 1	lame and Address of New I	riegistered Ag	ent	
SOCTT, JACK W.						D. M. I. I. Alaka			
	RINDALE DRIVE		l'	Street A	Address (P.O.	ress (P.O. Box Number is Not Acceptable)			
NORTH	1 FT MYERS FL		Ī	33					
			1	34 City				B5 Zip	p Code
11 Pare rent	t to the provisions of Sections 607.0	EO2 and EO2 1EO2 Florida Ctatut	an the abou				FL	- .	
or registe	ered agent, or both, in the State of F with, and accept the obligations of, S Signal in typed or probal conc. of registered a	lorida. Such change was authorize section 607.0505, Florida Statutes	ed by the co	irporation's i	board of direct	ctors. I hereby accept the app	DATE	jistered	agent. I am
12.	_ OFFICERS	AND DIRECTORS	13.	Secretary of the		DDITIONS/CHANGES TO OF		RECTO	RS IN 12
TiT.F	D D	☐ DELETE	1. 1 1/1	.F		······································	·	Change	☐ Addition
NAMI	SCOTT, JACK W.		1.2 NAA	9F					
STREET ACURESS	4163 ERINDALE DR. N FT Myers FL		1.3 STR	EET ADDRESS					
CHY-S1-719		<u></u>		1.4 CITY - ST - ZIP					
THILE	SCOTT, SHARON	DELETE	2 1 717					Change	☐ Addition
NAME STREET ADDRESS	4162 EDINIDALE DO		2.2 NAN						
City - \$1 - ZiP	N FT MYERS FL			EET ADDRESS					
TILE		☐ DELETE	3 1 TIT	r-ST-ZIP E			П	Change	Addition
NAM:		•	3 2 NAM						
STREET ADDRESS			33 STF	EET ADDRESS					
CHY-SI-7IP			3.4 CITY	-ST-2IP					
THLE		☐ DELETE	4 1 Till	.E				Change	☐ Addition
NAME			4.2 NAN	IE					
STREET ADDRESS			4.3 \$1R	EET ADDRESS					
CITY-St-2IP				-\$1-ZIP					
Till: F	İ	☐ DELETE	5. 1 TiTi					Change	☐ Addition
NSMi			5 2 NAN	- 1					
STREET ADDRESS				ET ADDRESS					
CITA-ST-SE		DELETE		-ST-ZIP				Nh	FD 4420
TITLE			6 1 (1)	1			□ (Change	Addition
NAME ENGLIADORICE			6 2 NAN	1					
STREET ADDRESS	1		6.3 STR	ET ADDRESS					

64 CHY-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 607, Florida Statutes; and that my name appears in Block 12 or Blog 13 if changed, or on an attachment with an address.

SIGNATURE:

3-1-96 941-995-208) Daytime Phone #