

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **632405** (7)
1. Corporation Name
THE COPHER COMPANY



Principal Place of Business: 5015 22ND ST CSWY TAMPA FL 33619 US
Mailing Address: P.O. BOX 1408 BRANDON FL 33509 US

3. Date Incorporated or Qualified: 08/05/1979
3a. Date of Last Report: 07/06/1995
4. FEI Number: 59-1921699
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAHEEN, JOSEPH L., JR ESQ.
501 EAST KENNEDY BLVD, SUITE 1250
2700 BARNETT TOWER
TAMPA FL 33602

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COPHER, RONALD E.		1.2 NAME	
STREET ADDRESS: 114 HICKORY CREEK BLVD.		1.3 STREET ADDRESS	
CITY- ST- ZIP: BRANDON FL		1.4 CITY- ST- ZIP	
TITLE: TSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COPHER, RICHARD O.		2.2 NAME	
STREET ADDRESS: 912 RIVER RAPIDS AVE		2.3 STREET ADDRESS	
CITY- ST- ZIP: BRANDON FL		2.4 CITY- ST- ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUDSON, ERVIN		3.2 NAME	
STREET ADDRESS: 401 VALRICO-SEFFNER ROAD		3.3 STREET ADDRESS	
CITY- ST- ZIP: VALRICO FL		3.4 CITY- ST- ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WAGNER, JAMES		4.2 NAME	
STREET ADDRESS: 1811 NOVA DRIVE		4.3 STREET ADDRESS	
CITY- ST- ZIP: VALRICO FL		4.4 CITY- ST- ZIP	
TITLE: VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GALENTINE, DENNIS W.		5.2 NAME	
STREET ADDRESS: 18317 CITATION STREET		5.3 STREET ADDRESS	
CITY- ST- ZIP: LUTZ FL		5.4 CITY- ST- ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY- ST- ZIP:		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Dennis W. Galentine 1/18/96 813-247-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)