

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COPHER, RONALD E.	
STREET ADDRESS	114 HICKORY CREEK BLVD.	
CITY- ST- ZIP	BRANDON FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	COPHER, RICHARD O.	
STREET ADDRESS	912 RIVER RAPIDS AVE	
CITY- ST- ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUDSON, ERVIN	
STREET ADDRESS	401 VALRICO-SEFFNER ROAD	
CITY- ST- ZIP	VALRICO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WAGNER, JAMES	
STREET ADDRESS	1811 NOVA DRIVE	
CITY- ST- ZIP	VALRICO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GALENTINE, DENNIS W.	
STREET ADDRESS	18317 CITATION STREET	
CITY- ST- ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)