

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 632405 (7)**

1. Corporation Name  
**THE COPHER COMPANY**



Principal Place of Business <b>5015 22ND ST CSWY TAMPA FL 33619 US</b>	Mailing Address <b>P.O. BOX 1408 BRANDON FL 33509-1408 US</b>
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3. Date Incorporated or Qualified <b>08/05/1979</b>	3a. Date of Last Report <b>01/24/1996</b>
4. FEI Number <b>59-1921699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

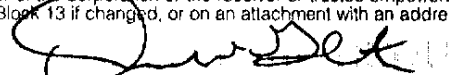
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>COPHER, RONALD E.</b>	
STREET ADDRESS	<b>114 HICKORY CREEK BLVD.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	<b>COPHER, RICHARD O.</b>	
STREET ADDRESS	<b>912 RIVER RAPIDS AVE</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, ERVIN</b>	
STREET ADDRESS	<b>401 VALRICO-SEFFNER ROAD</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>WAGNER, JAMES</b>	
STREET ADDRESS	<b>1811 NOVA DRIVE</b>	
CITY-ST-ZIP	<b>VALRICO FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>GALENTINE, DENNIS W.</b>	
STREET ADDRESS	<b>18317 CITATION STREET</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:  **4/10/97** **813-247-3171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)