

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 08/05/1979	
4. FEI Number 59-1921699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COPHER, RONALD E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	114 HICKORY CREEK BLVD.	1.2 NAME	
STREET ADDRESS	BRANDON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TSD COPHER, RICHARD O.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	912 RIVER RAPIDS AVE	2.2 NAME	
STREET ADDRESS	BRANDON FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP HUDSON, ERVIN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	401 VALRICO-SEFFNER ROAD	3.2 NAME	
STREET ADDRESS	VALRICO FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP WAGNER, JAMES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1811 NOVA DRIVE	4.2 NAME	
STREET ADDRESS	VALRICO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP GALENTINE, DENNIS W.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18317 CITATION STREET	5.2 NAME	
STREET ADDRESS	LUTZ FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

DENNIS W. GALENTINE

SIGNATURE: _____ DATE: **4/8/98** **813-247-3171**

CR2E034 (10/97)