

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

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

Principal Place of Business
5015 22ND ST CSWY
TAMPA FL 33619
US

Mailing Address
P.O. BOX 1408
BRANDON FL 33509
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1979

4. FEI Number
59-1921699

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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		6.1 TITLE	
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.

SIGNATURE: DENNIS W. GALENTINE 4/8/98 813-247-3171

CR2E034 (10/97)