## 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 # 1. Corporation Name 660574 (5)

COYLECO, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

96 May 29 MI 10: 53



12400 CAPRI CIR N Treasure Island FL 33706		12400 CAPRI CIR N TREASURE ISLAND FL 33706									
	,		_	,	3. Date incorporated or Qualified 03/26/1980		of Last Report <b>/02/1995</b>				
2. Principal Pla	ge of Business // D/	2a. Mailing Address		Dlul	4. FEI Number		Applied For				
21 / /	60 GOSEVEH DNG	26 WYBU 4968	even	DIKY	59-2037953		Not Applicable				
Suite, Apt 1	70.	Suite, 4170			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State	Defendant of	28 St. Pefers	bug	E/	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees				
Zip 33 /	706 25 Fixe las	<sup>Z</sup> 33706 3	O TIM	ellas		□No					
	9. Name and Address of Current Re	egistered Agent			10. Name and Address of New F	tegistered A	<u> gent</u>				
			81	81 Name							
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283				82 Street Address (P.O. Box Number is Not Acceptable) 83							
								City		FL	85 Zip Code
								or register	o the provisions of Sections 607.0502 and ed agent, or both, in the State of Florida. th, and accept the obligations of, Soction	Such change was authorized b	the above n by the corpo
				SIGNATURE _	Signature, typed or printed name of registered agent and		Registered Agen	signatur : reguir	red when reinstabing)	DATE	
12.	OFFICERS AND D		13.	<del></del>	ADDITIONS/CHANGES 10 OF		<del></del>				
THILE	DP	DELETE	1. 1 TITLE			γ.	4. Change				
NAME	COYLE, R. TERRENCE		1.2 NAME		as V Jan. Jackson	0	WILL BLUD				
STREET ADDRESS	12400 GAPRI CIRCLE N.		13 STREET	ADDRESS   ;	Suite 170, 10460 St. Petersburg	Z DOSE	DETI ENUAL				
CITY-ST-ZIP	TREASURE ISLAND FL	ED DELECT	14 CITY - S	I - ZIP	St. Petersburg		33716 Change ☐ Addition				
TITLE		☐ DEFELE	2 1 11 LE			L	] Change [] Addition				
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET								
CITY - ST - ZIP		DELETE	24 CHY-S	1 212			☐ Change ☐ Addition				
TITLE		□ necest	3 1 10116								
NAME			3 2 NAME	* * DODGC * :	(II-1) (1)	1111	Barbin elless				
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THLE		C) better				L	T average T veguing.				
NAME PERCEL LODGECCC			4.2 NAME	ADDOCCO							
STREET ADDRESS			4.3 STREET								
CITY-ST-ZIP TITLE		DELETE	44 CITY - S 5 1 TITLE	: - 71h.		г	Change Addition				
		C) been	5.2 NAME			_					
NAME expect apprece			5.3 STRELT	ADDRESS							
STREET ADDRESS	1		5.4 CIFY - S								
CITY - ST - ZIP		DELETE	6 1 TITLE	11.41			Change Addition				
		hand was a co	6 2 NAME			_					
NAME CAUSET ADDOCCO			63 STREET	ADDIBERS							
STREET ADDRESS											
CITY - ST - ZIP	by certify that the information supplied with	this filmous voluntarily furnishe	640/TY-S ed apd doe	s not qualify	for the exemption stated in Section 119	9 07(3)(k). Flo	rida Statutes. I further				
14. I do hereb certify that oath: that	by certify that the information supplied with their formation indicated on this annual. I am an officer or director of the corporation Block 12 or Block 13 if changed, or on a	report or supplemental annua! ion or the receiver or trustee ej	ed apoldoe	s not qualify	r for the exemption stated in Section 119 rate and that my signature shall have th his report as required by Chapter 607, f —	9 07(3)(k), Flo e same lega! Torjda Statut	rida Statutes. I further effect as if made under es; and that my name				