

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

FILED
Apr 08 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 # 660574 (5)
1. Corporation Name
COYLECO, INC.

Principal Place of Business P.O BOX 1727 134 EAST PARKWAY GATLINBURG TN 37738 US	Mailing Address P.O BOX 1727 170 GATLINBURG TN 37738 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 PO Box 1727 27 Suite, Apt. #, etc. 28 GATLINBURG TN 29 37738 30 Sevier		3. Date Incorporated or Qualified 03/26/1980	
				4. FEI Number 59-2037953	
				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 CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283		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	
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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	NAME	1.1 TITLE	1.2 NAME
DP	COYLE, R. TERRENCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	10460 ROOSEVELT BOULEVARD, STE 170		
CITY - ST - ZIP	ST. PETERSBURG FL 33706		
TITLE		2.1 TITLE	2.2 NAME
TITLE		3.1 TITLE	3.2 NAME
TITLE		4.1 TITLE	4.2 NAME
TITLE		5.1 TITLE	5.2 NAME
TITLE		6.1 TITLE	6.2 NAME

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 any block with an address.

SIGNATURE: _____

2 APR 1998 403-4364366

CR2E034 (10/97)