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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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1. Corporation Name	F00023	(4)	•		
COGBURN'S JEWEL	HY, INC.				
Principal Place of Business	Mailir	ng Address		1 1000100 0141 88111 86111 88119 110	lad nist digit asber biðir dibil bidir gibri fiðbi
560 Harrison ave. P.O.Drawer 111 Panama City BCH. Fl. 32402	Ĭ	560 Harrison ave. P.O.Drawer 111 Panama City BCH.	FL 32402	Date Incorporated or Qualified	3a. Date of Last Report
				10/01/1980	04/19/1995
2. Principal Place of Business	}	falling Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26	uite, Apt. #, etc.		59-2030031	Not Applicable
22)	27	ине дрт. н, ек		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Cour [24] 25	ntry Z	φ	Country 30	This corporation has liability for in Florida Statutes Yes	=
	dress of Current Register	red Agent	1	10. Name and Address of New Re	egistered Agent
		,	81 Name		
COGBURN, JESSE CLAY	/, JR.		82 Street Add	dress (P.O. Box Number is Not Acceptable	(e)
560 HARRISON AVENUE					· · · · · · · · · · · · · · · · · · ·
PANAMA CITY FL 32401			83		
			84 City		85 Zip Code
	chan 607 0602 and 607				FL C
			e too about named core	ozation e ibroite this statement for the nurr	
or registered agent, or both, in t	he State of Florida. Such o	1508, Florida Statute hange was authorize	is, the above-named corp ad by the corporation's bo	oration submits this statement for the purp lard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
	the State of Florida. Such c igations of, Section 607.05	1508, Florida Statute hange was authorize 05, Florida Statutes.	is, the above-named corp ad by the corporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 call; 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 hanged, or on an attachment with an address.

SIGNATURE:

RE AND TYPED OF PRINTER NAME OF IGNING OFFICE OF DIRECTOR