

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

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**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98704 (2)**  
1. Corporation Name  
**COFIELD PROPERTIES, INC.**



Principal Place of Business: **1065 N. VOLUSIA AVENUE  
ORANGE CITY FL 32763**  
Mailing Address: **1065 N. VOLUSIA AVENUE  
ORANGE CITY FL 32763-4811**

3. Date Incorporated or Qualified: **09/01/1982** 3a. Date of Last Report: **01/24/1996**  
4. FEI Number: **58-2214478** Applied For:  Not Applicable  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **148 S. INDUSTRIAL DR.** 2a. Mailing Address: **148 S. INDUSTRIAL DR.**  
21. Suite, Apt. #, etc.: **A-3** 26. Suite, Apt. #, etc.: **A-3**  
22. City & State: **ORANGE CITY, FL** 27. City & State: **ORANGE CITY, FL**  
23. Zip: **32763** 24. Zip: **32763** 25. Country: Country 29. Country: Country 30.

9. Name and Address of Current Registered Agent  
**COFIELD, NANCY L  
1558 FARRINDON CIR.  
HEATHROW FL 32746**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of principal or president or sole registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>COFIELD, NANCY</b>	
STREET ADDRESS	<b>1558 FARRINDON CIR.</b>	
CITY-ST-ZIP	<b>HEATHROW FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>COFIELD, J B, JR</b>	
STREET ADDRESS	<b>1558 FARRINDON CIR.</b>	
CITY-ST-ZIP	<b>HEATHROW FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: **Nancy Cofield** **2-15-97** **904 774-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)