

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

FILED
Feb 24 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 # **F98704** (2)
1. Corporation Name
COFIELD PROPERTIES, INC.

Principal Place of Business

148 S. INDUSTRIAL DR
A-3
ORANGE CITY FL 32763
US

Mailing Address

~~1085 N. VOLUSIA AVENUE~~
~~ORANGE CITY FL 32763~~

MAKING ADDRESS NEW!

2. Principal Place of Business

21 *Same*
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 *328 ASHFORD COURT*
Suite, Apt. #, etc.

27 City & State

28 *LAKE MARY, FL*
Zip Country

29 *32746* 30 *USA*

9. Name and Address of Current Registered Agent

COFIELD, NANCY L
1558 FARRINGTON CIR.
HEATHROW FL 32746
*328 ASHFORD COURT
HEATHROW, FL. 32746*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1982

4. FEI Number

59-2214478

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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

Nancy L. Cofield
Signature, typed or printed name of registered agent and title if applicable

Nancy L. Cofield
(NOTE: Registered Agent signature required when reinstating)

2-28-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	COFIELD, NANCY	
STREET ADDRESS	1558 FARRINGTON CIR.	
CITY-ST-ZIP	HEATHROW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFIELD, J B, JR	
STREET ADDRESS	1558 FARRINGTON CIR.	
CITY-ST-ZIP	HEATHROW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>328 ASHFORD COURT</i>
1.4 CITY-ST-ZIP	<i>LAKE MARY, FL 32746</i>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>328 ASHFORD COURT</i>
2.4 CITY-ST-ZIP	<i>LAKE MARY, FL 32746</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Nancy L. Cofield

2-28-98

407 829-2299

CR2E034 (10/97)