

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H17609** (9)
1. Corporation Name
COOPERATIVE CONSTRUCTION CORPORATION, INC.

Principal Place of Business Mailing Address
21 BELVEDERE LANE **21 BELVEDERE LANE**
PO BOX 330827 **PO BOX 330827**
PALM COAST FL 32135-0827 **PALM COAST FL 32135-0827**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/21/1984** 3a. Date of Last Report **02/02/1994**
4. FEI Number **50-2462358** 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **2285 State Route 100** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite #105** 27
City & State City & State
23 **Bunnell, FL** 28
Zip Country Zip Country
24 **32110** 25 **Flagler** 29 30

9. Name and Address of Current Registered Agent

BROGAN, SANDRA J.
21 BELVEDERE LANE
PALM COAST FL 32137

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROGAN, KENNETH
STREET ADDRESS	21 BELVEDERE LANE
CITY - ST - ZIP	PALM COAST FL
TITLE	VTS
NAME	BROGAN, SANDRA
STREET ADDRESS	21 BELVEDERE LANE
CITY - ST - ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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:

Sandra J. Brogan Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Sandra J. Brogan

4/10/95 (904) 437-1123
DATE TELEPHONE #