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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT QF STATE •

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

Mailing Address

COPPENBARGER REALTY, INC.

FILED Apr 27 1998 8:00am Secretary of State



8713 PHILLIPS HIGHWAY JACKSONVILLE FL 32256			8713 PHILLIPS HIGHWAY JACKSONVILLE FL 32256					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/26/1985					
2. Principal Place of Business 2				2a. Mailing Address				4. FEI Nur				7 7	Applied For
21			26					59-	2620961			\rightarrow	Not Applicable
Suite, Apt.	#, etc.	- Marian	Suite, Apt. #, etc.										Additional
22			27					5. Certifica	ate of Status	s Desired		Fee i	Required
City & State	le		City & State					6. Election	Campaign	Financing	1	\$5.0	0 May Be
23			28	28				Trust Fu	und Contribi	ution			d to Fees
Zip			Country			8. This co	rporation ov	ves or has	paid the cu	rrent year l	ntangible		
24	2		29					Personal Property Tax due June 30. Yes No					
		nd Address of Curren	t Registered A	gent				10. Name a	and Addres	s of New	Registered	Agent	
CF	RIPE, TRACY	8			81	Na	me T	ACKSON.	I doll	Æ W			
	713 PHILIPS (62 Street Ad				Address (P.O. Box Number is Not Acceptable)						
JA	\cksònvilli	F FL 32256		02 3(186).				6713 PHILIPS HIGHWAY					
					63	1	-		* ***				
					-	0.11						11-70	0-4-
					84	Cit		ACUSONU	ڪد 11		FI		2256
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 age		le (NOTE		ent sign	nature required s	when reinstating			DATE		
12.	I NOY	OFFICERS AND	DIRECTORS	Library	13.			ADDITIO	NS/CHANG	ES TO OF	FICERS AN		
TITLE	PST	048050 704141		DELETE	1.1 TITLE							Change	Addition
NAME		BARGER, TONJA L.			1.2 NAME								
STREET ADDRESS		ILLIPS HIGHWAY			1.3 STREET	ADORE	ESS						
CITY-ST-ZIP	JACKSU	MMLLE FL			1.4 CITY-5	ST-ZIP							
TITLE				☐ DELETE	2.1 TITLE							Change	Addition
Name					22 NAME								
STREET ADDRESS	i				2.3 STREET	r addre	ESS						
CITY-ST-ZIP					2 4 CiTY-	ST-ZIP	<u> </u>						
TITLE	i			☐ DELETE	31 TITLE		1					Change	Addition
NAME	ŀ				32 NAME		1						;
STREET ADDRESS					3.3 STREET	ADDRE	ESS						
CITY-ST-ZIP					3.4. CITY-	ST-ZIP							
TITLE	ľ			☐ DELETE	4.1 TITLE		i					Change	Addition
NAME					4. 2 NAME								
STREET ADDRESS					4.3 STREET	ADDRE	ESS						
CfTY-ST-Z#P					4.4 City - 8	ST-ZIP							
TITLE		•		DELETE	5.1 TITLE		TT					Change	Addition
NAME					5.2 NAME								
STREET ADDRESS					5.3 STREET	ADDRE	ess						
CfTY-ST-ZIP	t				5.4 City - 5	ST-ZIP							
TITLE		•••		DELETE	6.1 TITLE							Change	Addition
NAME					6.2 NAME								
STREET ADDRESS					6.3 STREET	I ADDRE	FSS						
CITY-ST-ZIP					6.4 CITY-5								

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:

Consentainen

4/3 kg