**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J42068**

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1401 MINNESOTA AVE.	
LYNN HAVEN FL 32444	
1401 MINNESOTA AVE. LYNN HAVEN FL 32444 US	
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## FILED Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90106 017 \*\*\*150.00

COOPE	R CONSTRUCTION SERVICE	ES, INC.						
Principal Plac	e of Business	Malling Address			\$ 1687118 Albi Albit (1811 parte altat 1811 atau)	ARMER ARTATA GERAFF	Erdir bibri iddi	
Principal Place of Business Malling Address  1401 MINNESOTA AVE. PO BOX 33 LYNN HAVEN FL 32444 US US		+	,	DO NOT WRITE IN THIS	SPACE			
		٠.			3. Date incorporated or Qualifed			]
					11/05/1986			]
Principal Place of Business     2a. Mailing Address				4. FEI Number	Ap	oplied For	]	
21 26				59-2740813		t Applicable	1	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				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	ļ.
- ~ Zip ~ :	- · · · - 000ingy	~( <del>`````</del> Zíp <del>``````````</del>		untry	8. This corporation owes the current year In			
24	25	29	30	·	Personal Property Tax.	Yes	□No	ļ
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered	Agent		ł
cor	OPER, RAY A.			L_		!		]
	BUNKER COVE RD				dress (P.O. Box Number is Not Acceptable)			Į
	IAMA CITY FL 32401			83				ł
					· · · · · · · · · · · · · · · · · · ·			
				84 City -	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 Zip (	Code	ł
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or rm familiar with, and eccept the obligati	and 607.1508, Florida Sta f Florida. Such change wa ons of, Section 607.0505,	stutes, the a s authorized Florida Stat	above-named cor d by the corporat extes.	boration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its intment as re	registered gistered	
-								
SIGNATURE							_	Ì
SIGNATURE	Signature, typed or printed here of registered agent	and title if applicable. (N	OTE: Registered	Agent signature requir	red when reinstaking) DATE			ĝ.
12.	OFFICERS AND	and title if applicable. (N	OTE: Registered	d Agent signature requir		ND DIRECTO	RS IN 12	1/98)
12. TILE	OFFICERS AND	and title if applicable. (N	OTE: Registered 13.	d Agent signature requir	red when reinstaking) DATE			(11/98)
12. TITLE NAME	OFFICERS AND COOPER, RAY A.	and title if applicable. (N	0ΤΕ: Registered 13. 1.1 π 1.2 N	d Agent signature requir TLE AME	red when reinstaking) DATE	ND DIRECTO	RS IN 12	034 (11/98)
12. TITLE NAME STREET ADDRESS	PD OFFICERS AND COOPER, RAY A. 537 BUNKERS COVE ROAD	and title if applicable. (N	13. 1,1 Ti 1,2 Ni 1,3 ST	Agent signature requir TLE AME TREET ADDRESS	red when reinstaking) DATE	ND DIRECTO	RS IN 12	(2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFICERS AND COOPER, RAY A. 537 BUNKERS COVE ROAD PANAMA CITY FL	and title if applicable. (N DIRECTORS DELETE	13. 1.1 Ti 1.2 Nu 1.3 Si 1.4 Ci	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP	red when reinstaking) DATE	ND DIRECTO	PRS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD COOPER, RAY A. 537 BUNKERS COVE ROAD PANAMA CITY FL 0	and title if applicable. (N	13. 1.1 π 1.2 N 1.3 S1 1.4 C1 2.1 π	A Agent signature requir TILE AME TREET ADDRESS TY-ST-ZP TILE	red when reinstaking) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD COOPER, RAY A. 537 BUNKERS COVE ROAD PANAMA CITY FL D COOPER, JOYCE H.	and title if applicable. (N DIRECTORS DELETE	13. 1.1 TI 1.2 NI 1.3 ST 1.4 CI 2.1 TI 2.2 NI	A Agent signature requir TILE AME TREET ADDRESS TY-ST-ZP TILE AME	red when reinstading) DATE	ND DIRECTO	PRS IN 12	CR2E034 (11/98)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PD COOPER, RAY A. 537 BUNKERS COVE ROAD PANAMA CITY FL  COOPER, JOYCE H. 537 BUNKERS COVE ROAD	and title if applicable. (N DIRECTORS DELETE	13. 1.1 TI 1.2 NI 1.3 ST 1.4 CI 2.1 TI 2.2 NI 2.3 ST	Agent signature requirements TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS	red when reinstading) DATE	ND DIRECTO	PRS IN 12	CR2E034 (11/98)
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	PD COOPER, RAY A. 537 BUNKERS COVE ROAD PANAMA CITY FL  COOPER, JOYCE H. 537 BUNKERS COVE ROAD	AND DIRECTORS  DELETE	13. 1.1 π 1.2 N 1.3 si 1.4 Ci 2.1 π 2.2 N 2.3 si 2.4 Ci 3.1 π 3.2 N	A Agent signature requirements TILE AMME TREET ADDRESS TITY-ST-ZIP TILE AME TREET ADDRESS TITY-ST-ZIP TILE	red when reinstading) DATE	Change	RS IN 12 Addition	CR2E034 (11/98)
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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 attachagent with an address, with all other like empowered.

SIGNATURE: