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Jan 30 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 # J83177 (2)

1. Corporation Name
COGGIN SATURN, INC.

Principal Place of Business
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256-8842



2. Principal Place of Business
21 4306 Pablo Oaks Ct
Suite, Apt. #, etc.
22
City & State
23 Jacksonville FL
Zip 32224 Country USA
24 32224 25 USA
2a. Mailing Address
26 P.O. Box 16469
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip 32245 Country USA
29 32245 30 USA

3. Date Incorporated or Qualified
07/17/1987
3a. Date of Last Report
02/01/1996
4. FEI Number
59-3027181
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

9. Name and Address of Current Registered Agent

LUTHER COGGIN
7400 BAYMEADOWS WAY, SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4306 Pablo Oaks Court
83
84 City Jacksonville FL 85 Zip Code 32224

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PDC	COGGIN, LUTHER W.	7400 BAYMEADOWS WAY	JACKSONVILLE FL	<input type="checkbox"/>
VD	CHARLIE, TOMM	7400 BAYMEADOWS WAY SUITE 200	JACKSONVILLE FL	<input type="checkbox"/>
TS	MARLETTE, LINDA	7400 BAYMEADOWS WAY SUITE 200	JACKSONVILLE FL	<input type="checkbox"/>
S	GALLAGHER, WILMA S.	7400 BAYMEADOWS WAY	JACKSONVILLE FL	<input type="checkbox"/>
VD	NOBLE, NANCY D	7400 BAYMEADOWS WAY, STE 200	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		4306 Pablo Oaks Ct	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		4306 Pablo Oaks Ct	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		4306 Pablo Oaks Ct	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
		4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
		4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changed, or on an attachment with an address.

SIGNATURE:

Wilma S. Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

904-992-4110

Daytime Phone

00300056

CR2E034 (9/96)