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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J92596

I am an officer or director of the corporation or the receive

appears in Block 12 or Block 13 if changed, or on an attain

SIGNATURE:

(2)

COGGINS PLUMBING, INC.

Principal Place of Business Mailing Address 7817 COMMERCE STR 7817 COMMERCE STR **RIVERVIEW FL 33569-4391** RIVERVIEW FL 33569 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1996 09/14/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2835570 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Zıp Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 🗌 Yes 🔲 No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COGGINS, CHARLES T., JR. 6820 POTTS RD 82 Street Address (P.O. Box Number is Not Acceptable) **RIVERVIEW FL 33569** 83 84 City 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 preced harve of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change ___ Addition TOTALE 1.1 TITLE COGGINS, CHARLES T., JR. NAME 1.2 NAME 6820 POTTS RD STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ☐ Change Addition TITLE **VDS** 2.1 TITLE COGGINS, CHARLES T. SR. NAME 2.2 NAME 807 WESTBROOK DR STREET ADDRESS 2.3 STREET ADDRESS **BRANDON FL** CHTY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE COGGINS, ANDREW L NAME 3.2 NAME 10720 RIVER COUNTRY DR 3.3 STREET ADDRESS STREET ADDRESS riverview fl 3.4. CITY - ST - ZIP DITY-ST-ZIP DELETE Addition THILE 4.5 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE ☐ Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST - ZIP CITY-S1-7IP

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

hacles T. Coggins JC 1-17-97

ment with an address.

FILED Jan 24 1997 8:00am Secretary of State

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