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

CORPORATION ANNUAL REPORT



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

1	9	9	6

DOCUM 1. Corporation 1	IENT # <b>K377</b> 9	90	(8)									
E.K. COGGIN PLUMBING, INC.												
Principal Place of Business Mailing Address							1 1991:9111 999 11111 1991 18919 18	IAA <b>us</b> ii <b>uas</b> ii u		ATORI GIBII BABII IBBI		
400 GUS HIPP BLVD. ROCKLEDGE FL 32955			400 GUS HIPP BLVD. ROCKLEDGE FL 32955 US									
US			0.0				3.	Date Incorporated or Qualified 10/10/1988	3a. Date	of Last <b>)4/25/</b>	· ·	
2. Principal Plac	ce of Business	2a.	Mailing Address				4.	FEI Number		,,,,,,	Applied For	
21		26				,,		59-2920741			Not Applicable	
Suite, Apt. #,	etc.	<b> </b>	Suite, Apt. #, etc.				5.	Certificate of Status Desired			75 Additional  e Required	
City & State		27	City & State				-	Election Campaign Financing	<del></del>		.00 May Be	
23		28	Only of China				0.	Trust Fund Contribution			ded to Fees	
Zφ	Country	<b></b>	Zip	<del></del>	untry		8.	This corporation has liability for Florida Statutes Yes	intangible ta	k under	s 199.032,	
24	25 g. Name and Address of Curren	29 t Regist	ered Agent	30	Γ		10.	Name and Address of New F		Agent		
	<u> </u>				81	Name				•		
, coedi	N, EARL, JR.				82	Street Addr	ace (P	O. Box Number is Not Acceptat	ole)			
	S HIPP BLVD.					Street Addit						
ROCKLI	EDGE FL 32955				83							
1					84	City			٣١	85	Zip Code	
11 Diament to	the provisions of Sections 607.0502	and 602	1509 Davids Stat.	tac the ab		L	introp e	wheath this elatomost for the equ	PL.	aciion it	e registered office	
or registere.	d agent, or both, in the State of Florid	da Sach	change was author	ized by the	corb	icration's boar	id of d	rectors. Thereby accept the app	ointment as	register	ed agent I am	
	i, and accept the obligations of, Secti	O'I DUZ.U	ibuo, Fionida Statute	95								
SIGNATURE.	lyndiane typed or political can explicacy depolitical agent	a ithera	ppletar e	وتواريق الأفاد	ر کر د	depend to technic	diestes te	ा हो क्षेत्रकु	(141)			
12.	OFFICERS AND		TORS	13.				ADDITIONS/CHANGES TO OFF				
TITLE	DPS .		☐ DELETE		TITLE				Ĺ	] Chang	ge 🔲 Addition	
NAME	COGGIN, EARL, JR.				NAME							
STREET ADDRESS	906 JAMESTOWN DRIVE					AL-DRESS						
CITY - ST - ZIP	ROCKLEDGE FL		( ) DELETE		DEN S Title	31 - 71P				7 Chang	e 🗍 Addition	
TITLE	I COGGIN, EARL, JR.		L. Dettere		vaMê	. + =			L	_ Criming	e	
STREET ADDRESS	906 JAMESTOWN DRIVE					ADDRESS						
CITY-ST-ZIP	ROCKLEDGE FL					31 - 211 <sup>5</sup>						
TITLE	NOORLEDGE TE	•	DELETE		TILE	21 - 21				Chang	ge 🔲 Addition	
NAME					VAME	.			-		<u> </u>	
STREET ADDRESS				3.3	SFREE	FADDRESS						
CITY-ST-ZIP				3.4	DITY - S	\$1 - 210						
TITLE			DELETE		TI*LE			A A		Chang	ge 🔲 Addition	
NAME				4.21	MAME							
STREET ADDRESS				4.3	STHEET	FAC DRESS						
C4TY - S1 - Z+P				4 4	DITY - S	33 - 21P					<u></u>	
TITLE			□ DELETE		THILE			70000185 -06/11/96010	573	<b>1</b> .02.3	ge 🔲 Addition	
NAME				1	MAME			-06/11/96010	013~-01	15		
STREET ADDRESS						LAL-DRESS		***25.00				
CITY-ST-ZIP			DEFETE	****		S1 - 71P			r	1 Chair	ge 🔲 Addition	
TITLE			DEFETE	i i	THILE			<b>8000018!</b> -06/11/96010	>(ನ	463	je	
NAMF STREET ADDRESS					NAME STREET	LAUDRESS		-06/11/96010	J13U	19		
STREET AUGUSSS					oity. 9			***200.08				

14. I do hereby certify that the information supplied with this filing is vocantarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this arrural 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-632 3048 05 C/10/96

CR2E034 (12/95)