SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -6 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K85880 (8)

1. Corporation Name
COPHER U-PULL-IT OF CLEARWATER, INC.

Principal Place of Business: 5015 22ND ST. CAUSEWAY ~~TAMPA FL 33619-5010~~

Mailing Address: ~~5015 22ND ST. CAUSEWAY~~ ~~TAMPA FL 33619-5010~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2933437 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 1408
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 BRANDON FL
Zip 24 33619 Country 25	Zip 29 33509 Country 30

9. Name and Address of Current Registered Agent

SHAHEEN, JOSEPH L. JR., ESQ
~~2700 BARNETT PLAZA~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 501 EAST KENNEDY BLVD SUITE 1250
83
84 City: TAMPA FL 85 Zip Code: 33602

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 of registered agent) ______ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	COPHER, RONALD	NAME	
STREET ADDRESS	114 HICKORY CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
TITLE	TSD	TITLE	☐ Change ☐ Addition
NAME	COPHER, RICHARD	NAME	
STREET ADDRESS	912 RIVER RAPIDS AVE.	STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	HUDSON, ERVIN	NAME	
STREET ADDRESS	401 VALRICO-SEFFNER ROAD	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	WAGNER, JAMES	NAME	
STREET ADDRESS	1811 NOVA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	CITY-ST-ZIP	
TITLE		TITLE	VP ☐ Change ☒ Addition
NAME		NAME	DENNIS W GALENTINE
STREET ADDRESS		STREET ADDRESS	18317 CITATION STREET
CITY-ST-ZIP		CITY-ST-ZIP	LUTZ FL 33549
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] JAMES WAGNER 6/26/95 (813) 247-3171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (3/95)

0100103 CP