FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1-24-96 B-0129 NC

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K85880** **(8)**

1. Corporation Name

COPHER U-PULL-IT OF CLEARWATER, INC.

Principal Place of Business
5015 22ND ST. CAUSEWAY
TAMPA FL 33619
US

Mailing Address
P.O. BOX 1408
BRANDON FL 33509
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/05/1989

3a. Date of Last Report: 07/06/1995

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

9. Name and Address of Current Registered Agent

SHAHEEN, JOSEPH L. JR., ESQ
501 EAST KENNEDY BLVD, SUITE 1250
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1605, 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: [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COPHER, RONALD	
STREET ADDRESS	114 HICKORY CREEK RD.	
CITY, ST, ZIP	BRANDON FL	
TITLE	TSD	☐ DELETE
NAME	COPHER, RICHARD	
STREET ADDRESS	912 RIVER RAPIDS AVE.	
CITY, ST, ZIP	BRANDON FL	
TITLE	VP	☐ DELETE
NAME	HUDSON, ERVIN	
STREET ADDRESS	401 VALRICO-SEFFNER ROAD	
CITY, ST, ZIP	VALRICO FL	
TITLE	VP	☐ DELETE
NAME	WAGNER, JAMES	
STREET ADDRESS	1811 NOVA DRIVE	
CITY, ST, ZIP	VALRICO FL	
TITLE	VP	☐ DELETE
NAME	GALENTINE, DENNIS W.	
STREET ADDRESS	18317 CITATION STREET	
CITY, ST, ZIP	LUTZ FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily 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 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] DENNIS W. GALENTINE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/18/96 DATE — (813)247-3171 DAYTIME PHONE #

CR2E034 (12/95)