

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90134 022 ***150.00

DOCUMENT # K92659

1. Corporation Name
COB INDUSTRIES, INC.

Principal Place of Business
7610 CORAL DR.
W. MELBOURNE FL 32904

Mailing Address
P O BOX 361175
MELBOURNE FL 32936-1125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1989

4. FEI Number
13-2646538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

O'BRIEN, CLETUS F., JR
7610 CORAL DR
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name Ruth M O'Brien
82 Street Address (P.O. Box Number is Not Acceptable) 8485 S. Tropical Trl
83
84 Merritt Island FL 85 Zip Code 32952

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 Ruth M O'Brien

(NOTE: Registered Agent signature required when reinstating)

DATE 1/6/99

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME O'BRIEN, CLETUS F., JR
STREET ADDRESS 8485 SO TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL

TITLE DST ☐ DELETE
NAME O'BRIEN, RUTH M.
STREET ADDRESS 8485 SO TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL

TITLE V ☐ DELETE
NAME O'BRIEN, VERONICA A
STREET ADDRESS 147 KRISTI DR
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE V ☐ DELETE
NAME O'BRIEN, STEPHEN A
STREET ADDRESS 2605 VILLAGE PK
CITY-ST-ZIP MELBOURNE FL 32934

TITLE V ☐ DELETE
NAME O'BRIEN, CLETUS
STREET ADDRESS 120 PELICAN DR
CITY-ST-ZIP MELBOURNE SHORES FL 32951

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 DVT ☒ Change ☐ Addition
2.2 NAME Ruth M O'Brien
2.3 STREET ADDRESS 8485 S. Tropical Trl
2.4 CITY-ST-ZIP Merritt Island FL 32952

3.1 TITLE VS ☒ Change ☐ Addition
3.2 NAME Veronica A O'Brien
3.3 STREET ADDRESS 147 Kristi Drive
3.4 CITY-ST-ZIP Indian Harbour Beach FL 32937

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE President ☒ Change ☐ Addition
5.2 NAME O'Brien, Cletus M
5.3 STREET ADDRESS 120 Pelican Drive
5.4 CITY-ST-ZIP Melbourne Shores, FL 32951

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth M. O'Brien 1/6/99 407 723 3200

CR2E034 (11/98)

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