EII	E NOW, FILING FO	F AFTER	55437 4 1/								
PROFIT CORPORATION ANNUAL REPORT 1996		At Size	FLÖRIDA DEPAR Sandra E Secreta	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ON OF CORPORATIONS							
DOCU 1. Corporation	MENT # K980	689	(8)								
	CO PROPERTIES, INC.						i ið ði Gili á íð í ði íði anna sa	a i 1 8118 1811 2		B.45.1 60841 60811 44	
Principal Plac	e of Business	Mailing A	Address								
2917 LIVI STE. 101	NGSTON ROAD SSEE FL 32303	2917 STE TALI	LIVINGTON ROA 101 AHASSEE FL 323								
	lace of Business	U\$	·-		<u></u>		 Date Incorporated or Qualifie 06/28/1989 	d 3a. [Oate of Last 04/24/		
21 Principal P	nace of Business	2a. Mailir 26	ng Address				4. FEI Number 59-2956439			Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite 27	, Apt. #, etc.		>		5. Certificate of Status Desired			5 Additional Required	=
City & Stat	е	Crty 8	k State				6. Etection Campaign Financing Trust Fund Contribution		\$5.0	00 May Be	
Zip 24	Country 25	71p		Co 30	Country		This corporation has liability Florida Statutes	intangibl	tax under s	ed to Fees s 199.032,	\dashv
	9. Name and Address of Cur	rent Registered	Agent		81 Name		10. Name and Address of Nev				
4305	am, Billy G. Maylor Road Nhassee fl 32308				83	Address	(P.O. Box Number is Not Accept	table)			
11, Pursuant	to the provisions of Sections 607 05	102 and 607 1509	Horida Stabulan	the ab	84 City			F	<u>L] </u>	ip Code	
or register familiar wi SIGNATURE	to the provisions of Sections 607,05 red agent, or both, in the State of Fi th, and accept the obligations of, So	orida. Such chang ection 607.0505. I	, ribilida Statutes, je was authorized Torida Statutes.	by the	ove-named co corporation's	orporations board o	on submits this statement for the p of directors. I hereby accept the ap	ourpose of o opointment	changing its as registered	registered offici diagent. Lam	е
12.	Signature, typod or protect nan ellof required (a)	en and tentaggication AND DIRECTORS	(NO.F	Fagedore ■ 13.	I Agre I signalize e	Contract Wil		STAC			_ _ _ _ _ _ _
TITLE	DP		DELETE	1 1 1	ITLF	T	ADDITIONS/CHANGES TO O	FHCERS A	ND DIRECTO	ORS IN 12 Addition	<u>− %</u>
NAME STREET ADDFESS	PELHAM, BILLY G. 4305 MAYLOR ROAD			1.2 N	ame Treft adoress						E034 (12/95)
CITY - ST - ZIP	TALLAHASSEE FL			1.4 C	IfY ST-ZIP						CRZE
TITLE NAME	CEO PELHAM, BILLY G.		DELETE	2 1 1					☐ Change	Addition	ਹ
STREET ADDRESS	4305 MAYLOR RD. TALLAHASSEE FL			22 N 23 S	ame Ireet address	ļ					
TITLE	IALLANASSEE FL		DELETE	3 1 I	TY-ST ZIF				F3 6		
NAME		'		32 N					Change	Addition Addition	
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CITY-ST-ZIP		71		3.4.01	TY+ST-ZIP						
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STREET ADDRESS				5381	REET ADDRESS						
CITY - ST - ZIP			7.00.000		Y-ST-ZIP						
TIFLE NAME		[DEFLIE	6 1 Ti					Change	☐ Addition	1
STREE! ADDRESS				62 NA							1
CITY - ST - ZIP					REET ADDRESS						

6 4 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)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same logal 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 oldress

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

196 562-4700