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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L30189 (9)

1. Corporation Name

COFFIN & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
200 W. WISCONSIN AVE.
DELAND FL 32720
US

Mailing Address
200 W. WISCONSIN AVE.
DELAND FL 32720
US

3. Date Incorporated or Qualified 11/16/1989
3a. Date of Last Report 04/28/1994

2. Principal Place of Business
21 1939 GROVE AVE.

2a. Mailing Address
26 1939 GROVE AVE

4. FEI Number 50-2979424
Applied For Not Applicable

Suite, Apt. #, etc.
22 FT. MYERS, FL

Suite, Apt. #, etc.
27

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

City & State
23 FT. MYERS, FL

City & State
28 FT. MYERS, FL

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

Zip Country
24 33901 25 US

Zip Country
29 33901 30 US

7. This corporation has liability for intangible tax under S. 199.022, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COFFIN, W.S.
1040 VALLEY FORGE ROAD
DELAND FL 32720

81 Name W. S. COFFIN
82 Street Address (P.O. Box Number is Not Acceptable) 1830 BRANTLEY RD.
83 UNIT J-3
84 City FT. MYERS FL 85 Zip Code 33907

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, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	COFFIN, W.S.
STREET ADDRESS	1040 VALLEY FORGE ROAD
CITY - ST - ZIP	DELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	1830 BRANTLEY RD., J-3
14 CITY - ST - ZIP	FT. MYERS, FL 33907
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

W. S. COFFIN, PRES.

4-11-95

813/939-7966