

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000009145 (3)

1. Corporation Name
COOLEY CONSTRUCTION, INC.



Principal Place of Business
438 NORTH PALMETTO AVENUE
FT. MEADE FL 33841

Mailing Address
438 NORTH PALMETTO AVENUE
FT. MEADE FL 33841

3. Date Incorporated or Qualified 12/02/1992
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 438 N. Palmetto Ave
Suite, Apt. #, etc.
22
City & State
23 Ft. Meade, FL
Zip
24 33841
Country
25 POL
2a. Mailing Address
26 P.O. Box 272
Suite, Apt. #, etc.
27
City & State
28 Mulberry FL
Zip
29 33860
Country
30 POL

4. FEI Number 59-3152631
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

10. Name and Address of New Registered Agent

COOLEY, STEVEN G
438 NORTH PALMETTO AVENUE
FT. MEADE FL 33841

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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PSTD COOLEY, STEVEN G	23 NORTH POLK AVENUE	FT. MEADE FL 33841	<input type="checkbox"/>
	TD COOLEY, CHARLES T	690 MC CLOUD AVENUE	BARTOW FL 33830	<input type="checkbox"/>
	D COOLEY, JAMES T SR	5870 WILLIAMS RD.	NORCROSS GA 30093	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 signing officer or director

2-27-96

Date

Daytime Phone #

CR2E034 (12/95)