

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 3:54

DOCUMENT # P93000040781 (5)

1. Corporation Name
COPROP CORP.

Principal Place of Business 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256	Mailing Address 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/09/1993	3a. Date of Last Report 04/21/1994
4. FEI Number 59-3185427	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COGGIN, LUTHER W
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200
CITY - ST - ZIP	JACKSONVILLE FL 32216
TITLE	VSD
NAME	O'STEEN, HOWARD K
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200
CITY - ST - ZIP	JACKSONVILLE FL 32216
TITLE	VTD
NAME	O'STEEN, HAROLD S
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200
CITY - ST - ZIP	JACKSONVILLE FL 32216
TITLE	S
NAME	GALLAGHER, WILMA S
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	S
NAME	NOBLE, NANCY D
STREET ADDRESS	7400 BAYMEADOWS WAY, STE 200
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET 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 110.07(3)(b), 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: *Wilma S. Gallagher* Secretary 1-31-95 904-730-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Wilma S. Gallagher