

**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 # **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**

3. Date incorporated or Qualified: **06/09/1993**      3a. Date of Last Report: **02/06/1995**  
4. FEI Number: **59-3185427**      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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL**      85 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COGGIN, LUTHER W	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	O'STEEN, HOWARD K	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	O'STEEN, HAROLD S	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	
CITY-STATE-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GALLAGHER, WILMA S	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NOBLE, NANCY D	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE 200	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	T3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Mallette	
2.3 STREET ADDRESS	7400 Baymeadows Way, Suite 200	
2.4 CITY-STATE-ZIP	Jacksonville FL 32256	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tom M. Charlie B	
6.3 STREET ADDRESS	7400 Baymeadows Way, Suite 200	
6.4 CITY-STATE-ZIP	Jacksonville FL 32256	

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: Wilma S Gallagher Sec      Date: 1-17-96      Date of Filing: 904-730-2464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)