

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 32256-8842**

3. Date Incorporated or Qualified **06/09/1993** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **4306 Pablo Oaks Court** 26 **P O Box 16469**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-3185427** Applied For
Not Applicable

22 City & State 27 City & State

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

23 **Jacksonville FL** 28 **Jacksonville FL**
Zip Country Zip Country

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

24 **32224** 25 **32245** 29 **32245** 30 **32245**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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)
4306 Pablo Oaks Court
83
84 City **Jacksonville** FL 85 Zip Code **32224**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, LUTHER W	1.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	1.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32224
TITLE	TS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLETTE, LINDA	2.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	2.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLIE, TOMM. B	3.2 NAME	Tomm, Charlie (C.B.)
STREET ADDRESS	7400 BAYMEADOWS WAY, SUITE 200	3.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, WILMA S	4.2 NAME	
STREET ADDRESS	%7400 BAYMEADOWS WAY, SUITE 200	4.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, NANCY D	5.2 NAME	
STREET ADDRESS	7400 BAYMEADOWS WAY, STE 200	5.3 STREET ADDRESS	4306 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville FL 32224
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1-17-97 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)