

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  
21 4306 Pablo Oaks Court  
Suite Apt. #, etc.

2a. Mailing Address  
26 P O Box 16469  
Suite, Apt. #, etc.

22 City & State Jacksonville FL  
23 Zip 32224 Country

27 City & State Jacksonville FL  
28 Zip 32245 Country

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

24 32224 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGIN, LUTHER W  
7400 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE FL 32256

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDC	COGIN, LUTHER W	7400 BAYMEADOWS WAY, SUITE 200	JACKSONVILLE FL	<input type="checkbox"/>
TS	MARLETTE, LINDA	7400 BAYMEADOWS WAY, SUITE 200	JACKSONVILLE FL	<input type="checkbox"/>
VD	CHARLIE, TOMM. B	7400 BAYMEADOWS WAY, SUITE 200	JACKSONVILLE FL	<input type="checkbox"/>
S	GALLAGHER, WILMA S	7400 BAYMEADOWS WAY, SUITE 200	JACKSONVILLE FL 32256	<input type="checkbox"/>
VD	NOBLE, NANCY D	7400 BAYMEADOWS WAY, STE 200	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
	Tomm, Charlie (C.B.)	4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		4306 Pablo Oaks Court	JACKSONVILLE FL 32224	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 904-992-4110  
Date Daytime Phone #

CR2E034 (9/96)