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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P93000061772 (8)**

1. Corporation Name
COTTRELL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2996 CRANBROOKE DR TALLAHASSEE FL 32308-2142	2996 CRANBROOKE DR TALLAHASSEE FL 32308-2142

DO NOT WRITE IN THIS SPACE 4/24/95

3. Date Incorporated or Qualified: **09/03/1993**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21 3024 Shamrock St, N.
22 Suite, Apt. #, etc.
23 City & State: Tallahassee FL
24 Zip: 32308 25 Country: U.S.A.

2a. Mailing Address
26 3024 Shamrock St. N.
27 Suite, Apt. #, etc.
28 City & State: Tallahassee FL
29 Zip: 32308 30 Country: U.S.A

4. FEI Number: **APPLIED FOR** ☐ 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

GRACE, WALTER JR
2259 MCGREGOR BLVD.
FT. MYERS FL

10. Name and Address of New Registered Agent

91 Name: Vicente, Oscar
92 Street Address (P.O. Box Number is Not Acceptable): 1015 Bayamo Dr.
93
94 City: Coral Gables FL 95 Zip Code: 33146

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: Oscar Vicente Oscar Vicente 4/8/95
(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	PSTD COTTRELL, RONALD W 2996 CRANBROOKE DR TALLAHASSEE FL 32308-2142	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President - Director Cottrell, Ronald W. 3024 Shamrock St. North Tallahassee, FL 32308 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP-Secretary-Treasurer Cottrell, Jean L. same ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition BPH 4/24

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and 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: Ronald W Cottrell Ronald W Cottrell 4/20/95 904-847-3781
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007342 CP