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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000061772 (8)

COTTRELL INVESTMENTS, INC.

**FILED** Apr 08 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			i
3024 SHAMROCK STREET NORTH TALLAHASSEE FL 32308 US		NORTH	DO NOT WRITE IN THIS SPACE	
·			3. Date Incorporated or Qualified 09/03/1993	
2. Principal Place of Business 21 2402 Tupelo Terrac	2a. Mailing Address 26 2402 TUBE	to Terrace	4. FEI Number 59-3205754	Applied For Not Applicable
Suite, Apt. #, etc.	26 2402 TUPE Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Tallahassee, Flori		er Plorida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 32303 25 LEON	L ZIP . I	Country 30 LEON	This corporation owes or has paid the Personal Property Tax due June 30.	
9. Name and Address of 0			10. Name and Address of New Registe	red Agent
VICENTE, OSCAR		81 Name		
1015 BAYAMO DRIVE CORAL GABLES FL 33146		82 Street Addi	82 Street Address (P.O. Box Number is Not Acceptable)	
		63		
		84 City		85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	State of Florida, Such change was as	ithorized by the corporal	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE Signature, typed or printed name of regist		Registered Agent signature requir	rad when reinstating) DA	***
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME COTTRELL, RONALD W		1.2 NAME		
STREET ADDRESS 3024 SHAMROCK STRE		1.3 STREET ADDRESS		
CHY-SI-ZIP TALLAHASSEE FL 3230		1.4 CITY-ST-ZIP		
HAME COTTRELL, JEAN L	☐ D£LETE	2.1 TITLE	, Le	Change Addition
STREET ADDRESS 3024 SHAMROCK STRI	FET MODTH	2.2 NAME		
CITY-SI-ZIP TALLAHASSEE FL 3230		2.4 CITY-S1-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CHTY-ST-ZIP		
TILE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME	<u> </u>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS .		6.3 STREET ADDRESS		
14. I hereby certify that the Information suppl	aliad with this filing does not available for	6.4 CITY-ST-ZIP	Section 110 07/21/i) Florido Statutos I furth	or costifue that the information

Thereby comy that the information supplied with this initig does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the informatic indicated on this annual report por 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 recoiver or truston empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address

850-893-4221