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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

61 Name

82

83

84 City

13.

1. 1 TITLE

1.2 NAME

2 1 TITLE

2.2 NAME

1.3 STEEFT ADDRESS

1.4 CITY - ST- 7IP

30

1996

P93000073668 (4) **DOCUMENT #**

COGGIN CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business

Country

308 E JACKSON AVE CHIPLEY FL 32428

2. Principal Place of Bysiness 21 69/ 7th S₂

COGGIN, M R JR

308 E JACKSON AVE

CHIPLEY FL 32428

Suite, Apt #, etc

22

23

12

TITLE

NAME

TITLE

MAME

STREET ADDRESS

CiTY - ST - ZiP

Mailing Address

PO BOX 516 CHIPLEY FL 32428

2a. Mailing Address

City & State

 $Z_{\rm ip}$

Suite, Apt. #, etc

DELETE

DELETE

26

28

29

Name and Address of Current Registered Agent

Signature, typed or printed manie of registered agent and title if applicable

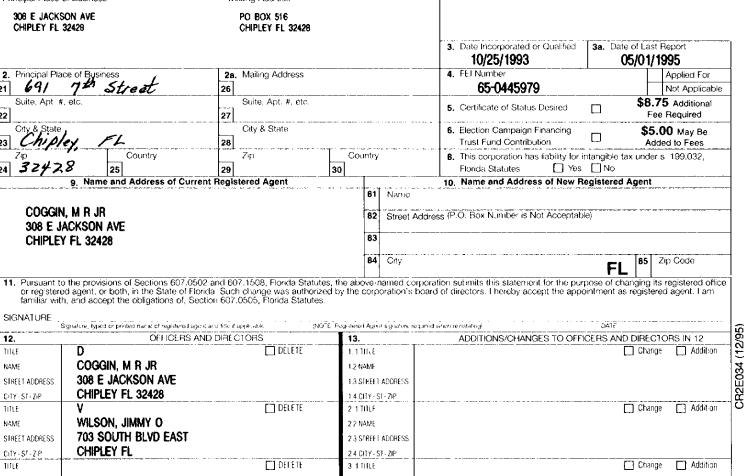
COGGIN, M R JR

308 E JACKSON AVE

CHIPLEY FL 32428

WILSON, JIMMY O

OFFICERS AND DIRECTORS



703 SOUTH BLVD EAST STREET ADDRESS 2.3 STREET ADDRESS CHIPLEY FL CITY-ST-ZP 2 4 CITY- ST-ZIP [] DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7-P 3.4 CHY-S1-7IF DELETE Change ☐ Addition 11'LE 4 1 THUE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP □ DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE Change Addition Tille 6 1 TILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 C/TY - ST - Z(P CITY - ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED HAVE OF JIGNING OFFICER OR DIRECTOR COG 6W, JR. 2-28-96