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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 # P93000082495 (1)

1. Corporation Name
COGIN MANAGEMENT COMPANY

Principal Place of Business
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256-6842



2. Principal Place of Business

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

22

23 Jacksonville FL
City & State

24 32224
Zip

25

2a. Mailing Address

26 P O Box 16469
Suite, Apt. #, etc.

27

28 Jacksonville FL
City & State

29 32224
Zip

30

3. Date Incorporated or Qualified
12/02/1993

3a. Date of Last Report
02/01/1996

4. FEI Number
59-3212699
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

COGIN, 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

Signature of person or persons of registered agent and if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPC
NAME COGIN, LUTHER W
STREET ADDRESS 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE TS
NAME MARLETTE, LINDA
STREET ADDRESS 7400 BAYMEADOWS WAY SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS
NAME GALLAGHER, WILMA S
STREET ADDRESS % 7400 BAYMEADOWS WAY, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME NOBLE, NANCY D
STREET ADDRESS 7400 BAYMEADOWS WAY, STE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD
NAME C.B. TOMM
STREET ADDRESS 7400 BAYMEADOWS WAY SUITE 200
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4306 Pablo Oaks Court
1.4 CITY-ST-ZIP Jacksonville FL 32224

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4306 Pablo Oaks Court
2.4 CITY-ST-ZIP Jacksonville FL 32224

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 4306 Pablo Oaks Court
3.4 CITY-ST-ZIP Jacksonville FL 32224

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 4306 Pablo Oaks Court
4.4 CITY-ST-ZIP Jacksonville FL 32224

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 4306 Pablo Oaks Court
5.4 CITY-ST-ZIP Jacksonville FL 32224

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Wanda S. [Signature]* Sec 1-17-97 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)