FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **P93000083289 (7)**

1. Corporation Name

SHERMAN COOPER INC.

Principal Place of Business

~~LOUGHGALL ROAD~~
~~PARTADOWN IR BT62 -BZ~~
~~US~~

Mailing Address

~~LOUGHGALL ROAD~~
~~PORTADOWN IR BT62 -BZ~~
~~US~~

2. Principal Place of Business
21 Sherman Cooper Inc.
Suite, Apt. #, etc.
22 Portadown Rd.
City & State
23 Lurgan,
Zip
24 BT66 8RE
Country
25 N. Ireland

2a. Mailing Address
26 Sherman Cooper Inc.
Suite, Apt. #, etc.
27 Portadown Rd.
City & State
28 Lurgan,
Zip
29 BT66 8RE
Country
30 N. Ireland

3. Date Incorporated or Qualified: **12/07/1993**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **98-0138181** ☐ 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

DAVIS, PAUL C
ONE HARBOR PLACE
5TH FLOOR
TAMPA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ Date _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	WALKER, WILLIAM S	
STREET ADDRESS	LOUGHGALL ROAD	
CITY-ST-ZIP	PORTADOWN NO	
TITLE	DVPS	☐ DELETE
NAME	MILLS, THOMAS H.	
STREET ADDRESS	11 MOSSBROOK ROAD MONEYREAGH	
CITY-ST-ZIP	NEWTOWNARDS NORTHERN IR	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is 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, added or deleted.

SIGNATURE: THOMAS HAMILTON MILLS 13/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date