

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

REINSTATEMENT

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

97 MAR -4 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

96-97ad

DOCUMENT # P94000018466 (0)

1. Corporation Name

KOKOSING, INCORPORATED

Principal Place of Business

Mailing Address

1978 DOLPHIN BLVD. SOUTH  
ST. PETERSBURG FL 33707

1978 DOLPHIN BLVD. SOUTH  
ST. PETERSBURG FL 33707

2. Principal Place of Business

21 933 OLEANDER WAY

Suite, Apt. #, etc.

22 SUITE 3

City & State

23 S PASADENA FL

Zip

24 33707

Country

25 P USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified  
03/04/1994

3a. Date of Last Report  
07/21/1995

4. FEI Number

59-3228092

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

LEROUGE, CYNTHIA  
933 OLEANDER WAY SOUTH, SUITE 6  
SOUTH PASADENA FL 33707

10. Name and Address of New Registered Agent

81 Name

WENDI FOWLER

82 Street Address (P.O. Box Number is Not Acceptable)

933 OLEANDER WAY S #3

83

84 City

S PASADENA

FL

85 Zip Code

33707

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

Wendi Fowler

(NOTE: Registered Agent signature required when reinstating)

2/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME FERRELL, DON  
STREET ADDRESS 1978 DOLPHIN BLVD. SOUTH  
CITY - ST - ZIP ST. PETERSBURG FL

DELETE

TITLE P  
NAME BARBARA FERRELL  
STREET ADDRESS 225 1st ST. W.  
CITY - ST - ZIP TIERRA VERDE, FL 33715

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Ferrell

2/25/97

Date

Daytime Phone #