

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATE
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

95 MAR -8 AM 7:55

DOCUMENT # P94000020055 (7)

1. Corporation Name

COONVENTIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7216 NW 126 AVE
ALACHUA FL

Mail Address

7216 NW 126 AVE
ALACHUA FL

DO NOT WRITE IN THIS SPACE

3. Date Registered or Qualified

03/11/1994

3a. Date of Last Report

4. FEIN Number

59-3227293

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

2. Principal Place of Business

21. RT 3 Bx 170-B

State, Apt. #, etc.

22

City and State

23

Zip

24

Country

2a. Mail Address

26. RT 3 Bx 170-B

State, Apt. #, etc.

27

City and State

28

Zip

29

Country

Alachua

Fla 32615

USA

9. Name and Address of Current Registered Agent

COON, JAMES O JR
RT. 3, BOX 170-B
ALACHUA FL 32615

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 agent or principal place of business 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 Registered Agent or Principal Place of Business

Signature of Registered Agent or Principal Place of Business

DATE

12. OFFICERS AND DIRECTORS

1. NAME
PD
COON, JAMES O JR
1025-S N MAIN STREET
HIGH SPRINGS FL 32643
2. NAME
VSD
COON, LYNDA L JR
1025-S N MAIN STREET
HIGH SPRINGS FL 32643

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information is not included in the annual report or supplemental annual report as true and accurate and that my separate statement has been filed as required under Chapter 199, Florida Statutes, and that my name appears on the filing. I am not a director or officer of the corporation.

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SIGNATURE:

James O. Coon
NOTED AND FILED ON PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

02/27/95 904-462-3149