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FILED

Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000064456 (4)

1. Corporation Name

GREG COOPER & ASSOCIATES, INC.

Principal Place of Business

1901 N 1ST ST. 1704  
JACKSONVILLE BEACH FL 32250

Mailing Address

1901 N 1ST ST. 1704  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

59-3263524

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4211 ALESBURY DRIVE

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32224

Country

25 USA

2a. Mailing Address

26 4211 ALESBURY DRIVE

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32224

Country

30 USA

9. Name and Address of Current Registered Agent

MANNING, G S  
6622 SOUTHPOINT DR, 310  
JACKSONVILLE FL 32218

81 Name

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

219 NORTH NEWNAN STREET, Suite 400

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
COOPER, GREGORY W  
1901 N 1ST ST, 1704  
JACKSONVILLE BEACH FL

1.2 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
COOPER, SANDRA B.  
1901 N FIRST STREET #1704  
JACKSONVILLE BEACH FL

1.3 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

4211 ALESBURY DRIVE  
JACKSONVILLE, FL 32224

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

4211 ALESBURY DRIVE  
JACKSONVILLE, FL 32224

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 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:

GREGORY W. COOPER

GREGORY W. COOPER, 3-7-98

904-821-0506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0039607

CR2E034 (10/97)