

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

DOCUMENT # P94000069785 (1)

1. Corporation Name

LOOPCO, INC.

95 AUG -7 AM 10:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

**7205 ACKERMAN AVE
COCOA FL 32927**

Mailing Address

**7205 ACKERMAN AVE
COCOA FL 32927**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/19/1994

4. FEI Number

Applied For

59-327 0021

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. 196.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 2732 S. Park RD.

2a. Mailing Address

26 P.O. Box 10088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pembroke Park FL

City & State

28 Cocoa, FL

Zip

24 33009

Country

25 Broward

Zip

29 32927

Country

30 Broward

9. Name and Address of Current Registered Agent

**WATTERS, WILLIAM P
7205 ACKERMAN AVE
COCOA FL 32927**

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 607.1508, 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 607.0508, Florida Statutes.

SIGNATURE

Signature of person filing this report (must be the registered agent or a director)

Signature of person filing this report (must be the registered agent or a director)

12. OFFICERS AND DIRECTORS

12.1 NAME: **D WATTERS, WILLIAM P** *William P.*
12.2 STREET ADDRESS: **7205 ACKERMAN AVE**
12.3 CITY, ST, ZIP: **COCOA FL 32927**

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12.717 CITY, ST, ZIP:
12.718 NAME:
12.719 STREET ADDRESS:
12.720 CITY, ST, ZIP:
12.721 NAME:
12.722 STREET ADDRESS:
12.723 CITY, ST, ZIP:
12.724 NAME:
12.725 STREET ADDRESS:
12.726 CITY, ST, ZIP:
12.727 NAME:
12.728 STREET ADDRESS:
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12.730 NAME:
12.731 STREET ADDRESS:
12.732 CITY, ST, ZIP:
12.733 NAME:
12.734 STREET ADDRESS:
12.735 CITY, ST, ZIP:
12.736 NAME:
12.737 STREET ADDRESS:
12.738 CITY, ST, ZIP:
12.739 NAME:
12.740 STREET ADDRESS:
12.741 CITY