FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400086644 (9)

ACOUPLA GUYS INC.

Principal Place of Business

Mailing Address

FILED May 09 1997 8:00am Secretary of State

(904)



| 101 8. OCEAN DAYTONA FL | | 101 S. OCEAN AVE. DAYTONA FL 32118-4321 | | | | | | | | |
|---|--|--|--|---|--|---|-----------------------------|-----------------------------------|-------------------------|---------------------|
| | | | | | 3. Date Incorporated or Qualified 11/28/1994 | d 3a. Date of Last Report 08/07/1996 | | | | |
| 2. Principal f | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applic | d For | |
| 21 | | 26 | | | | 59-3279477 | Not Applicable | | | |
| Suite, Apt 22 | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & Sta | | City & State | 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| Ζφ 24 | Country 25 | Ζφ 29 | 29 30 | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | | |
| | 9. Name and Address of Curren | t Registered Agent | | 671 | 1 | 10. Name and Address of New Re | gistered | Agent | | |
| | KEFOOSE, DAVID E | | | 81 | Name | | | | | |
| 1160 TROPICAL PARK DR. HOLLY HILL FL 32117 | | | | 82 | Street Add | ddress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | 83 | | | | | | |
| | | | | 84 | City | NOTES AND A STATE OF THE STATE | FL | 85 | Zip Cod | o |
| 11. Pursuant office or agent. I | am familiar with, and accept the obliga | 2 and 607.1508, Florida State of Florida. Such change was alions of, Section 607.0505, F | utes, the a s authorize Torida Sta | bovo d by lutes | e-named corp the corpora s | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of t the app | chang ointmo | ing its ro nt as reg | gistered istered |
| Oldivatoria | Signature, typed or printed name of registered age | | | d Ago | int signature requi | ired when reinstaling) | DATE | | | |
| 12. | OFFICERS ANI | | 13. | | ·· | ADDITIONS/CHANGES TO OFFIC | ERS AND | _ | | ! |
| TITLE NAME | PV POVEROOF DAME | XS-QUITE | / · · · · · · · · · · · · · · · · · · · | | | | | L_I Ch | ange L |] Addition |
| STREET ADDRESS | ZICKEFOOSE, DAVID E 1160 TROPICAL PARK DRIVE | , | 1.2 N. | | ADDRESS | | | | | |
| CITY-ST-ZIP | HOLLYHILL FL | | | | 1-2IP | | | | | |
| TITLE | V | DE DELETE | | | 17-211 | | | Ch | ange | Addition |
| NAME | ZICKEFOOSE, DAVID E | | | 2.2 NAME | | | | | | _ |
| STREET ADDRESS | | | 2.3 \$ | TREET | ADDRESS | | | | | |
| CHTY-ST-ZIP | HOLLY HILL FL | | 2.40 | HY-5 | \$1 - <i>2</i> 1P | | | | | |
| TITLE | TREASURRR - DIRRETOR DELETE | | | 3.1 TITLE | | | | Ch | ange [| Addition |
| NAME | - PAVID-E, ZICKEFOU | SE, DAVID E. | 3.2 N | AME | | | | | | |
| STREET ADDRESS | | ic peric | | | ADDRESS | | | | | |
| CITY-ST-ZIP | TITLE PRESIDENT - DIRECTOR DELITE | | | 3.4. CITY-S1-ZIP 4.1 TITLE | | | | <u> </u> | | Addison |
| NAME | LARSAN, MATHRW J. | | | 4.1 TITEE 4. 2 NAME | | | | ∐ Ch | анус [_ | Addition |
| STREET ADDRESS | | | | 4. 2 NAVNI 4.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 4.3 STREET ADORESS 4.4 C(1Y - S1 - ZIP | | | | | | |
| TITLE | | | | 5.1 TITLE | | | | Ch | ange [| Addition |
| NAME | 1 | | 5.2 N | | | | | | | |
| STREET ADDRESS | MALONE, RICHAM | VR | 538 | TREE 1 | ADDRESS | | | | | |
| CITY-ST-ZIP | DAYTONA BCH FO | 32118 | 5.4 C | 11Y - S | 1-2(P | | | | | _ [|
| TITLE | | | 6.1 11 | 11.6 | | | | Ch | ange [| Addition |
| NAME | CROCKER, JAMES | , A. JR, | 6.2 N | AME | | | | | | ļ |
| STREET ADDRESS | | WAY | 6.3 S | TREE 1 | ADDRESS | | | | | } |
| CITY-ST-ZIP | DAYTONA BCH F | 2 32114 | 640 | IY-S | 1-7IP | | | | | |

I do 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 eath; that I am an officer or director of the dorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name