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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000089643 (8)

1. Corporation Name  
RICHARD COGSWELL & ASSOCIATES, INC.

Principal Place of Business  
1754 WEST NEW LENOX LANE  
DUNNELLON FL 34431

Mailing Address  
1754 WEST NEW LENOX LANE  
DUNNELLON FL 34434-2261



3. Date Incorporated or Qualified 12/12/1994  
3a. Date of Last Report 04/29/1996

4. FEI Number 59-3369730  
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. MA SS  
Suite, Apt. #, etc.  
22. 1754 W. New Lenox Lane  
City & State  
23. Dunnellon, FL  
Zip Country  
24. 34431 25. Citrus

2a. Mailing Address  
26.  
Suite, Apt. #, etc.  
27.  
City & State  
28.  
Zip Country  
29. 30.

9. Name and Address of Current Registered Agent  
AGNETTI, JOHN B ESQ.  
HOFFMAN, LARIN & AGNETTI, P.A.  
909 N. MIAMI BEACH BLVD., #201  
N. MIAMI BEACH FL 33162

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 607.0505, Florida Statutes.

SIGNATURE *Richard Cogswell* RICHARD COGSWELL  
(NOTE: Registered Agent signature required when re-stating) DATE JAN 8 1996

12. OFFICERS AND DIRECTORS  
1.1 TITLE PD  
1.2 NAME COGSWELL, RICHARD  
1.3 STREET ADDRESS 1754 WEST NEW LENOX LANE  
1.4 CITY-ST-ZIP DUNNELLON FL 33431  
2.1 TITLE VPD  
2.2 NAME AGNETTI, JOHN B  
2.3 STREET ADDRESS 909 N. MIAMI BEACH BLVD., #201  
2.4 CITY-ST-ZIP N. MIAMI BEACH FL 33162  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
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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 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 registered agent 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 or changed, or on an attachment with an address.

SIGNATURE: *Richard Cogswell* RICHARD COGSWELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/8/97 Daytime Phone # 352-465-0056

CR2E034 (9/96)