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Apr 22 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 # P94000090101 (4)

1. Corporation Name

COOPER CAPITAL CORP.

Principal Place of Business

5407 TOURAINE DRIVE
TALLAHASSEE FL 32308

Mailing Address

5407 TOURAINE DRIVE
TALLAHASSEE FL 32308-5942



2. Principal Place of Business

21 821 Lake Ridge Drive
Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

24 32312 25 U.S.A.

2a. Mailing Address

26 821 Lake Ridge Drive
Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL

29 32312 30 U.S.A.

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

03/07/1996

4. FEI Number

59-3283834

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

9. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.
5407 TOURAINE DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Charles L. Cooper, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
821 Lake Ridge Drive
83
84 City Tallahassee FL 85 Zip Code 32312

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 *Charles L. Cooper, Jr.* RA DATE 4-17-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTD	COOPER, CHARLES L JR.	5407 TOURAINE DRIVE	TALLAHASSEE FL 32308	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PSTD	Charles L. Cooper, Jr.	821 Lake Ridge Drive	Tallahassee, FL 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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 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: *Charles L. Cooper, Jr., Pres.* DATE 4-17-97 DAYTIME PHONE 904-677-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR