


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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90036 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000093125

1. Corporation Name
COON ASSOCIATES, INC.

Principal Place of Business 2403 CANTER CLUB TRAIL APOPKA FL 32712	Mailing Address 2403 CANTER CLUB TRAIL APOPKA FL 32712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 12/27/1994 4. FEI Number 59-3289256 5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent COON, DOUGLAS 2403 CANTER CLUB TRAIL APOPKA FL 32712				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	

1. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, DOUGLAS	1.2 NAME	
STREET ADDRESS	2403 CANTER CLUB TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, JACQUELINE	2.2 NAME	
STREET ADDRESS	2403 CANTER CLUB TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, JEFFREY	3.2 NAME	
STREET ADDRESS	2403 CANTER CLUB TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COON, KEVIN	4.2 NAME	
STREET ADDRESS	2403 CANTER CLUB TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Jacqueline M. Coon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-4-99 Daytime Phone # 407-8866085

CR2E034 (1/198)