

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

FILED

Jan 30 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 # P95000030570 (2)

1. Corporation Name
COGGIN FAMILY INVESTMENT CORP.



Principal Place of Business
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256-8842

3. Date Incorporated or Qualified 04/19/1995
3a. Date of Last Report 02/01/1996

4. FEI Number 59-3337934
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 4306 Pablo Oaks Ct
Suite, Apt. #, etc.
22
City & State
23 Jacksonville FL
Zip
24 32224
Country
25 DANIA
2a. Mailing Address
26 P.O. Box 16469
Suite, Apt. #, etc.
27
City & State
28 Jacksonville FL
Zip
29 32245
Country
30 DANIA

9. Name and Address of Current Registered Agent
COGGIN, LUTHER W
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4306 Pablo Oaks Court
83
84 City Jacksonville FL
85 Zip Code 32224

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
PD COGGIN, LUTHER W 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256
VSD COGGIN, BLANCHE B 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256
S GALLAGHER, WILMA % 7400 BAYMEADOWS WAY, SUITE 200 JACKSONVILLE FL 32256
VD TOMM, CHARLES B 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL
TS MARLETTE, LINDA 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
4306 Pablo Oaks Court Jacksonville FL 32224
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
4306 Pablo Oaks Court Jacksonville FL 32224
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
4306 Pablo Oaks Court Jacksonville FL 32224
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
4306 Pablo Oaks Court Jacksonville FL 32224
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
4306 Pablo Oaks Court Jacksonville FL 32224
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 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: _____ 1-10-97 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)