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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000064680 (8)

COOPER'S CARRIAGES INC.

Principal Place of Business	Mailing Address		
12712 SELAH RANCH LN	12712 SELAH RANCH LN		
THONOTOSASSA FL 33592	THONOTOSASSA FL 33592		

**FILED** Mar 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
•		· ·				
12712 SELAH	I RANCH LN SSA FL 33592	12712 SELAH RANCH LN THONOTOSASSA FL 3359				
Inunuluski	33A FL 33382	THUMUTUSASSA FE 3335	×		DO NOT WRITE IN THIS:	SPACE
					3. Date Incorporated or Qualified	]
					08/21/1995	
2. Principal Place of Business 2e. Mailing Address					4. FEI Number	Applied For
21		26		59-3331636	Not Applicable	
Suite, Apt #, etc. Suite, Apt		Suite, Apt. #, etc.	ot. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			B. Certificate of Status Desireo	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Žip	Country	7ip	Country	1	This corporation owes or has paid the cur	_ · _ ·
24	25	]29]	30			Yes No
	g. Name and Address of Curren	l Registered Agent	B1	1	10. Name and Address of New Registered	Agent
	OPER, JAMES M		וט	Name		
127	712 SELAH RANCH LN		82	82 Street Address (P.O. Box Number is Not Acceptable)		
THONOTOSASSA FL 33592						
			83	1		
			64	City		85 Zip Code
			•	J 0.1.7	FL	
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statut	es, the above	e-named cor	poration submits this statement for the purpose of	changing its registered
agent la	am familiar with, and accopt the obliga	itions of Section 607.0505, Flo	orida Statute	y ine corpora 8.	tion's board of directors. I hereby accept the app	Cirtillent as registered
SIGNATURE						
BIGHATORE	Signature, typed or printed name of registered age-		E: Registered Age	ent signature requ	ired when reinstaling) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	COOPER, JAMES M		1.2 NAME			
STREET ADDRESS	12712 SELAH RANCH LN	•	1.3 STREET	ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL 33592		1.4 CITY - 5	ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE			☐ Change ☐ Addition
NAME	COOPER, REVE' A		2.2 NAME			
STREET ADDRESS	12712 SELAH RANCH LN	ELAH RANCH LN		ADDRESS		
CITY+ST-ZIP	THONOTOSASSA FL 33592		2. 4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	COOPER, DOROTHY P		3.2 NAME			
STREET ADDRESS	12712 SELAH RANCH LN		3 3 \$1REE1	ADDRESS		j
CITY-ST-ZIP	THONOTOSASSA FL 33592		3.4. CITY-	S1 - ZIP		
TITLE		DELE FE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			1
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			1
TITLE		DELETE	6.1 TITLE	<u> </u>		Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP	I		6.4 CITY-5	51-ZIP I		

14. Thereby 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 suppliemental 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 cociver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an altactment with an address.

0/20/08