

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

FILED

Mar 20 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 # P95000070378 (1)

1. Corporation Name

COHEN & SOMMERVILLE, INC.

Principal Place of Business

995 STATE ROAD 434, N #206
ALTAMONTE SPRINGS FL 32714

Mailing Address

995 STATE ROAD 434, N #206
ALTAMONTE SPRINGS FL 32714-7030



2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

State, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

SOMMERVILLE, THOMAS
995 STATE ROAD 434, N #206
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

09/12/1995

3a. Date of Last Report

07/18/1996

4. FEI Number

59-3347103

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

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

(Signatures type the printed name of registered agent and the applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

SOMMERVILLE, THOMAS

STREET ADDRESS

995 STATE ROAD 434, N #206

CITY- ST- ZIP

ALTAMONTE SPRINGS FL 32714

TITLE

D

☐ DELETE

NAME

SOMMERVILLE, WALTER

STREET ADDRESS

995 STATE ROAD 434, N #206

CITY- ST- ZIP

ALTAMONTE SPRINGS FL 32714

TITLE

D

☐ DELETE

NAME

COHEN, BENN

STREET ADDRESS

995 STATE ROAD 434, N #206

CITY- ST- ZIP

ALTAMONTE SPRINGS FL 32714

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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 and signed 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0064736

CR2E034 (9/96)