

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: \$750.)

FILED

Sep 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Moriam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000073906 (6)

1. Corporation Name  
E.M.P./COCOA, INC.

Principal Place of Business

26 FORREST AVE  
COCOA FL 32922

Mailing Address

26 FORREST AVE  
COCOA FL 32922



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1995 3a. Date of Last Report 05/16/1996

4. FEI Number NOT APPLICABLE 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 1530 Hidden Wood 26 1530 Hidden Wood Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Cocoa FL 28 Cocoa FL

24 32926 25 Brevard 29 32926 30 Brevard

9. Name and Address of Current Registered Agent

SISK, PAMELA S  
26 FORREST AVE  
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name COOK, ELAINE P.

82 Street Address (P.O. Box Number is Not Acceptable) 1530 HIDDEN WOOD ROAD

83 City COCOA FL 85 Zip Code 32926

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 Elaine P. Cook DATE 9-1-97

12. OFFICERS AND DIRECTORS (NOTE: Registered Agent signature required when reappointing)

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SISK, PAMELA S	26 FORREST AVE	COCOA FL 32922
D	COOK, ELAINE P	26 FORREST AVE	COCOA FL 32922

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	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: SISK, PAMELA S

9-1-97 407 6.31-6346

CR2E034 (4/97)