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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600006308 (6)

Mailing Address

JOHN COOLEY, INC.

Principal Place of Business

SIGNATURE:

117 SWEET BAY AVENUE NEW SMYRNA BEACH FL 32168		117 SWEET BAY AVENUE NEW SMYRNA BEACH FL 32168-7935							
						3. Date Incorporated or Qualified 01/17/1996	3a. Dat	e of Last F	Report
2. Principal P	Pace of Business	2a. Mailing Address				4. FEI Number		XA	pplied For
21		26						N	ot Applicable
Suite, Apt		Suite, Apt #, etc.				5. Certificate of Status Desired			Additional lequired
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
7ф 24	Country 25	Ζφ 29	30 Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New Reg	istered A	gent	
COOLEY, JOHN C				81 Name					
	SWEET BAY AVENUE V SMYRNA BEACH FL 32168		82 Street Add			dress (P.O. Box Number is Not Acceptab	le)		
			ſ	83					
	•		}	84	City		FL	85 Zip	Code
11. Pursuant office or r agent. Fa	to the provisions of Sections 607.00 registered agent, or both, in the Station familiar with and accept the obli	.02 and 607, 1508, Florida Stati to of Florida. Such change was gations of, Section 607,0505, F	utes, the ab s authorized Florida Stati	oove d by utes	i-named col the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of o	changing introduction	ts registered registered
SICHAMON	Big also , repeating procedure of misslaned a	igent and title 1 applicable. (No	OTE Registered	Age	nt signature req	uired when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
1111.0	PSTD	DELETE	1.1 (1)		İ		1	Change	☐ Addition
NAM!	COOLEY, JOHN C JR.		1.2 NA	ME					
STREET ADDRESS	117 SWEET BAY AVENUE	***	1.3 STREET ADDRESS						
CHY SUZIF	NEW SMYRNA BEACH FL 32		1.4 Cit		1-2IP				
THILE		☐ DELETE	2.1 TITLE				I	Change	☐ Addition
NAME			22 NAME						
STHALL ACORESS			i i	2.3 STREET ADDRESS					
Cily SI Zik		DELETE	2. 4 CI	_	T- ZIP			Change	Addition
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NAM:	J		3.2 NA						J
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Bitt									L Adamon
HAME	}		4. 2 N.						
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NAME	}		5.2 NA						}
STREE" ADDRESS					ADDRESS				
COTY ST ZIP		DELETE	5.4 CI	_	T- ZIP			Change	Addition
TITLE		ב_ן טנננונ	6.1 1(1			00000213 -04/08/97010	681	L diange	LJ Augmen
NAME	j		6.2 NA			-04/08/970107	?5 03	0	
STREET ADDRESS			6.3 \$1	REET	ADDRESS	***165.00			

14. I do bereby 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 our 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 of Block 13 if changed, or option at a stagnificant with an address.

64 CITY-ST-ZIP