

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000015994 (2)

1. Corporation Name

GARY COPPS ENTERPRISES, INC.



Principal Place of Business

RT. 2, BOX 419
HILLIARD FL 32046

Mailing Address

RT. 2, BOX 419
HILLIARD FL 32046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

59-3361789

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

21 RT. 3 Box 6356
Suite, Apt. #, etc.

22

City & State

23 Hilliard, FL
Zip Country

24 32046

Country

25 Nassau

2a. Mailing Address

26 RT. 3 Box 6356
Suite, Apt. #, etc.

27

City & State

28 Hilliard, FL
Zip Country

29 32046

Country

30 Nassau

9. Name and Address of Current Registered Agent

COPPS, GARY N
RT. 2, BOX 419
HILLIARD FL 32046

10. Name and Address of New Registered Agent

81 Name

GARY N. Copps

82 Street Address (P.O. Box Number is Not Acceptable)

RT. 3 Box 6356

83

84 City

Hilliard

FL

85 Zip Code

32046

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
NAME
COPPS, GARY N
STREET ADDRESS
RT. 2, BOX 419
CITY-ST-ZIP
HILLIARD FL 32046

DELETE

TITLE

D
NAME
COPPS, CHERYL E
STREET ADDRESS
RT. 2, BOX 419
CITY-ST-ZIP
HILLIARD FL 32046

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P
GARY N. Copps

Change Addition

1.2 NAME

RT 3 Box 6356

1.3 STREET ADDRESS

Hilliard, FL 32046

1.4 CITY-ST-ZIP

2.1 TITLE

CP
Cheryl E. Copps

Change Addition

2.2 NAME

RT. 3 Box 6356

2.3 STREET ADDRESS

Hilliard, FL 32046

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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.

CR2E034 (10/97)