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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

P96000021320 (2)

CARDEPOT-A COGGIN COMPANY

Principal Place of Business

-7400 BAYMEADOWS WAY

SUITE 200

Mailing Address

P.O. BOX 16469

JACKSONVILLE FL 32245-6469

FILED Jan 30 1997 8:00am Secretary of State



JACKSONMILLE FL 32256					Date Incorporated or Qualified Date of Last Report
					03/06/1996
2. Principal Place of Busi		2a. Mailing Addr	ess ·		4. FEI Number Applied Fo
	10 Oaks Cf,				59-3372268 Not Applica
Suite, Apt. #, etc.		Suite, Apt #,	etc.		5. Certificate of Status Desired \$8.75 Additiona Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
3 JACKSONVI	/le FL	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	C	ountry	8. This corporation has liability for intangible tax under s. 199.032
4 32224	25 Marrie	29	30		Florida Statutes Yes No
9. Name	and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
COGGIN, LUT	HER			81 Name	
7400 BAYMEA	UDOWS WAY			82 Street	Address (P.O. Box Number is Not Acceptable)
SUITE 200				268	106 Pablo Daks Court
JACKSONVILL	F FL 32256			83	ec rapio vars court
0110110011112	E 1 C 00200				
				84 City	acksod ville FL 85 Zip Code
11 Directors to too receive	none of Continue COZ OF DO	and CO7 4500 51-	2- 61-1 1 11-	<u> </u>	decision ville FL 32224
 Office or redistered as 	tient, or both, in the State o	il Florida. Such chan	oe was authori:	zed by the corr	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as registere
agent Lani fam⇔ar w	ith, and accept the obligati	ions of, Section 607.	0505, Florida S	tatutes.	
SIGNATURE					
	dior profed name of regil tened agesc	**************************************			e required when reinstating) DATE
2.	OFFICERS AND		1;		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE D		[] DE		TITLE	O C P □ Change □ Add
	N, LUTHER		1,2	2 NAME	
	AYMEADOWS WAY, SUI	TE 200	1.3	STREET ADDRESS	4306 Pablo Daks Court
OTY-ST-74P JACKSC	INVILLE FL 32256		1.4	4 CITY-ST-ZIP	Jacksonvillo FL 32224
ITLE D		DE	LETE 2.1	I TITLE	4306 Pablo Oaks Court Jacksonville FL 32224 OV Lechange Add
IAME TOMM,	CHARLIE (C.B.)		2.2	2 NAME	
STREET ADDRESS 7400 BA	YMEADOWS WAY, SUI	TE 200	25	S STREET ADDRESS	4306 Pablo Daks Court
	NVILLE FL 32258			4 CITY-ST-ZIP	
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• • •	NANCY D	ل ٥١			Containing
	AYMEADOWS WAY, SUI	TE 000	B	2 NAME	Care Dable and Court
110100		IE 200	3.3	STREET ADDRESS	4306 Pablo Dates COR17
	ONVILLE FL 32258			CITY-ST-ZIP	4306 Pablo Oaks Courf Sacksonville FL 37204 5
ITLE		□ DE	LETE 4.1	I TITLE	Change ☑ Addi
IAME			4.	2 NAME	WILMA S. Gallaghan 4306 Pablo Daks court Jacksonville FL 32224
OREET ADDRESS			4.3	STREET ADDRESS	4306 Dable laks court
CITY - ST - ZIP			4.4	CITY-ST-ZIP	Jacksonville El 22220
ITLE		DE		TITLE	Change Addi
IAME				2 NAME	
TREET ADDRESS				S STREET ADDRESS	
OTY - \$1 - ZIP	·-·	☐ DE		CITY-ST-ZIP	
		LJ DE		I TITL€	Change Addi
IAME			6.2	2 NAME	
TREET ADDRESS			6.3	STREET ADDRESS	
CITY-ST-ZIP			6.4	CITY-ST-ZIP	

4. 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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

904-992-4110 Daytine Phone