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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

City & State

23 Zip



FLORIDA DEPARTMENT OF STATE

## Sendra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000055584 (2)

COUPLE OF THINGS, INC.

Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE			
12750 AUBREY LANE BOKEELIA FL 33822	12750 AUBREY LANE BOKEELIA FL 33922				
		3. Date Incorporated or Qualified			
		06/28/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For			
21	26	65-0716700 Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired See Required			

City & State

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROUSEY, SHARON L 12750 AUBREY LANE 62 Street Address (P.O. Box Number is Not Acceptable) **BOKEELIA FL 33922** 83

Country

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

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agent. i a	am familikar with, and accept the obligations of, Section	BUT USUS, FIORK	ua Statujes.			
SIGNATURE	Signature typed or printed nance of registered againt and title if applicable	(NOTE: P	legistered Agent signature requir	red when reinstating) Di	ATE	
12,	OFFICERS AND DIRECTORS				FFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	ROUSEY, SHARON L		1.2 NAME			
STREET ADDRESS	12750 AUBREY LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOKEELIA FL		1.4 CITY-ST-ZIP			
TITLE		DELÉTÉ	2.1 TITLE		Change	Addition
NAME	GRACE, JOHN B		2.2 NAME	,		
STREET ADDRESS	12750 AUBREY LANE		2.3 STREET ADDRESS		:	
CITY-ST-ZIP	BOKEELIA FL	1	2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY+ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-7iP			64 CiTy+ST-7IP			

14. Thereby 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 changer, or on an attachment with an address.

Applied For Not Applicable

\$5.00 May Be

Added to Fees

Zip Code

**FILED** 

Mar 09 1998 8:00am

Secretary of State

6. Election Campaign Financing

Trust Fund Contribution