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

Mailing Address

4916 MOBILE HWY

PENSACOLA FL 32506

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

4916 MOBILE HWY

US

21

22

23

24

Zip

PENSACOLA FL 32506



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000080316**

COOPER-SOLICE, INC.

Country

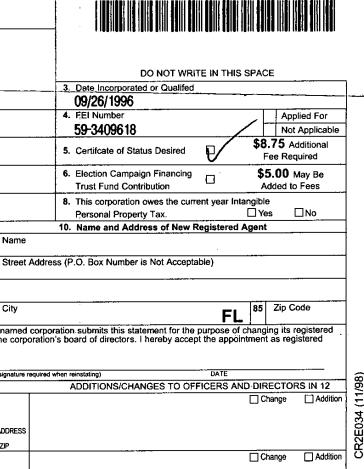
9. Name and Address of Current Registered Agent

25

WHIBBS, VINCENT J JR

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90019 025 ***158.75



118 WEST CERVANTES STREET PENSACOLA FL 32501 83 84 City 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. solice <u>z-Hesident</u> (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE TITLE 1.1 TITLE SOLICE, SONDRA NAME 1.2 NAME 4916 MOBILE HWY STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TILE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-7IP Addition ☐ DELETE ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Addition ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

Country

81 Name

82

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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, with all other like empowered. (850)453-0100