


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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000073291 (1)**

1. Corporation Name  
**COOZCO, INC.**

Principal Place of Business  
**50 LOGGERHEAD COURT  
PONCE INLET FL 32127**

Mailing Address  
**50 LOGGERHEAD COURT  
PONCE INLET FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/25/1997**

4. FEI Number

**59-3475777**

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	2a. Mailing Address
21 <b>69 Loggerhead Court</b>	26 <b>69 Loggerhead Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Ponce Inlet, FL</b>	27
City & State	City & State
23 <b>32127 USA</b>	28 <b>Ponce Inlet, FL</b>
Zip	Zip
Country	Country
24	25
29 <b>32127</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent

**MCCARTHY, MICHELE  
50 LOGGERHEAD COURT  
PONCE INLET FL 32127**

10. Name and Address of New Registered Agent

81 Name

**Michele McCarthy**

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

**69 Loggerhead Ct.**

84 City

**Ponce Inlet**

**FL**

85 Zip Code

**32127**

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

**Michele McCarthy**

**Michele McCarthy**

**Corp. Treasurer**

**1-12-98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott J. McCarthy</b>	1.2 NAME	
STREET ADDRESS	<b>69 Loggerhead Ct.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	1.4 CITY-ST-ZIP	
TITLE	<b>Corp. Treasurer &amp; Secretary</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michele L. McCarthy</b>	2.2 NAME	
STREET ADDRESS	<b>69 Loggerhead Ct.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Ponce Inlet, FL 32127</b>	2.4 CITY-ST-ZIP	
TITLE	<b>Director of Operations</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jim LaCour</b>	3.2 NAME	
STREET ADDRESS	<b>4404 Tideview Drive</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, FL 32250</b>	3.4 CITY-ST-ZIP	
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rachel LaCour</b>	4.2 NAME	
STREET ADDRESS	<b>4404 Tideview Drive</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, FL 32250</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE

**Michele McCarthy**

**1-12-98**

**904 756-8511**

CR2E034 (10/97)