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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000080766 1. Corporation Name COOPER INSPECTION & CODE SERVICES, INC.			
Principal Place of Business 2901 S.W. 41ST STREET SUITE 2112 OCALA FL 34474 US		Mailing Address 2901 S.W. 41ST STREET SUITE 2112 OCALA FL 34474 US	
2. Principal Place of Business 21 6628 S.W. 12th Ct. Suite, Apt. #, etc. 22 Ocala, FL City & State 23 34476 U.S. Zip Country		2a. Mailing Address 26 6628 S.W. 12th Ct. Suite, Apt. #, etc. 27 Ocala FL City & State 28 34476 US Zip Country	
24 25		29 30	
g. Name and Address of Current Registered Agent COOPER, J. LAWRENCE 2901 S.W. 41ST STREET SUITE 2112 OCALA FL 34474		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ocala, FL 34476 84 City FL 85 Zip Code	
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 <i>[Signature]</i> DATE 2-11-99 <small>Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME COOPER, J. LAWRENCE STREET ADDRESS 2901 S.W. 41ST STREET #2112 CITY-ST-ZIP OCALA FL 34474 TITLE ST <input type="checkbox"/> DELETE NAME COOPER, SHARON STREET ADDRESS 2901 S.W. 41ST STREET #2112 CITY-ST-ZIP OCALA FL 34474 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 6628 S.W. 12th Ct 1.4 CITY-ST-ZIP Ocala, FL 34476 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 6628 S.W. 12th Ct 2.4 CITY-ST-ZIP Ocala, FL 34476 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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.

SIGNATURE: *[Signature]* **COOPER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99
Date

352-862-9404
Daytime Phone #

CR2E034 (1/98)