

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S13087 (9)  
1. Corporation Name  
COH HOLDINGS, INC.

Principal Place of Business

109 OVERLEA WAY  
VENICE FL 34292  
US

Mailing Address

109 OVERLEA WAY  
46 N. WASHINGTON BLVD., #1  
VENICE FL 34292  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1990

4. FEI Number

65-0231742

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHN PATTERSON  
46 N. WASHINGTON BLVD., #1  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME KRAMER, MARVIN  
STREET ADDRESS 675 HOBBY HORSE ROAD  
CITY-ST-ZIP MILFORD OH

TITLE TAS ☐ DELETE

NAME KRAMER, MARVIN  
STREET ADDRESS 675 HOBBY HORSE ROAD  
CITY-ST-ZIP MILFORD OH

TITLE DPS ☐ DELETE

NAME MCGIFFEN, JOHN W.  
STREET ADDRESS 109 OVERLEA WAY  
CITY-ST-ZIP VENICE FL

TITLE VPAS ☒ DELETE

NAME EGGLESTON, SUSAN E  
STREET ADDRESS 109 OVERLEA WAY  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33 Miami Lakes Dr.  
Milford, OH 45150

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33 Miami Lakes Dr.  
Milford, OH 45150

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VP/AS  
Barbara J. Thomas  
109 Overlea Way  
Venice, FL 34292

6.1 TITLE ☐ Change ☐ 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)(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

John E. Thomas

4/6/98 941-497-4786

CR2E034 (10/97)