FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)S46666 DOCUMENT # COBRA CONSTRUCTION AND COMPANY, INC. Mailing Address Principal Place of Business -2101 WHEELER DAKS DR. 2101 WHEELER OAKS DR. BRANDON FL 33510 BRANDON FL 33510-3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1991 04/17/1995 2a. Mailing Address 26] 1511 BROOKER AD 4. FFI Number 2. Principal Place of Business Applied For 65-0293385 26 Not Applicable 1511 BROOKER 21 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing Crty & State
BRANdon \$5.00 May Be Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, 30 Nillshops Florida Statutes Yes Mo MASAOUGH 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUJAR, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 1511 BROOKER RD 83 **BRANDON FL 33511** Zip Code 84 City 85 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 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 (NOYE Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and attair applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIFIECTORS 13. DELETE Addition 1. 1 TITLE TITLE 1.2 NAME HUJAR, DENNIS J. 1511 BROOKER RD BRANDON 171 33511 NAME 2101 WHEELER OAKS DR. 1.3 STREET ADDRESS STREET ADDRESS BRANDON FL. 1.4 CiTY-ST-ZiP CITY-ST-ZIP [] DELETE Change Addit on 2.1 IIII F TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP Change DELFTE Addition 3 1 TOLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHY-S1-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY-S1-7IP CITY-ST-ZIP Addition ☐ Change DELETE 5. 1 TIT. E TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Change Addition DELETE € 1 TiTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP CITY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal effect as if made under cath; 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.

Hujar

CR2E034 (12/95)

SIGNATURE: