SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -4 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S67267** **(2)**

1. Corporation Name
CHARTERED LAW OFFICES OF LESTER T. COY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1004 U.S. HWY. 19 SUITE 201A HOLIDAY FL 34691-5635	1004 U.S. HWY. 19 SUITE 201A HOLIDAY FL 34691-5635

3. Date Incorporated or Qualified: 07/15/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5623 U.S. Hwy 19,#104
Suite, Apt. #, etc. 22
City & State 23 New Port Richey, Fl.
Zip 24 34652 Country 25 Pasco

2a. Mailing Address
26 5623 US Hwy. 19 #104
Suite, Apt. #, etc. 27
City & State 28 New pOrt Richey, Fl.
Zip 29 34652 Country 30 Pasco

4. FEI Number: 59-3078972 ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COY, LESTER T.
1004 U.S. HWY. 19
SUITE 201A
HOLIDAY FL 34691-5635

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5623 U.S. Hwy 19
83 Suite 104
84 City New POrt Richey FL 85 Zip Code 34652

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 Lester T. Coy 7/28/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	COY, LESTER T.	12 NAME	
STREET ADDRESS	1004 U.S. HWY. 19, #201A	13 STREET ADDRESS	5623 US Hwy 19, #104
CITY-ST-ZIP	HOLIDAY FL	14 CITY-ST-ZIP	New Port Richey, Fl. 34652
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do 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)(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.

813-849-9099

SIGNATURE: Lester T. Coy 7/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

0117440 CP