

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S67267** (2)

1. Corporation Name:

CHARTERED LAW OFFICES OF LESTER T. COY



Principal Place of Business

**5623 US HWY 19
STE 104
NEW PORT RICHEY FL 34652
US**

Mailing Address

**5623 US HWY 19
STE 104
NEW PORT RICHEY FL 34652
US**

3. Date Incorporated or Qualified
07/15/1991

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

21 **1004 U.S. Hwy. 19**

2a. Mailing Address

26 **1004 U.S. Hwy. 19**

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

Suite, Apt. #, etc.

22 **Suite 201**

Suite, Apt. #, etc.

27 **Suite 201**

City & State

23 **Holiday, FL**

City & State

28 **Holiday, FL**

Zip

24 **34691**

Country

25 **USA**

Zip

29 **34691**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**COY, LESTER T.
5623 US HWY 19
STE 104
NE WPORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name

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

83 **1004 U.S. Hwy. 19**

84 **Suite 201**

City

Holiday

FL

85 Zip Code

34691

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, Pres.

5/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **COY, LESTER T.**
STREET ADDRESS **5623 US HWY 19 STE 104**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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 **1004 US Hwy 19, Suite 201**
1.4 CITY-ST-ZIP **Holiday, FL., 34691**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(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 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:

Lester T. Coy, Pres.

5/23/96

(813) 938-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)