

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 24 1997 8:00am  
Secretary of State

DOCUMENT # **S68483**

(4)

1. Corporation Name

**COPACETIC ENTERPRISES, INC.**

Principal Place of Business

**2500 25TH AVE N  
ST PETERSBURG FL 33713**

Mailing Address

**2500 25TH AVE N  
ST PETERSBURG FL 33713-3919**



3. Date Incorporated or Qualified

**07/24/1991**

3a. Date of Last Report

**04/02/1996**

4. FEI Number

**59-3081503**

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, KIER R.  
2500 25TH AVE N  
ST PETERSBURG FL 33713**

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 of the president or other officer of the corporation, or the 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)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | DC                   | <input type="checkbox"/> DELETE            |
| NAME           | GOMBORONE, JAMES E.  |                                            |
| STREET ADDRESS | 2500 25TH AVE N      |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL     |                                            |
| TITLE          | DP                   | <input type="checkbox"/> DELETE            |
| NAME           | COOPER, KIER         |                                            |
| STREET ADDRESS | 2500 25TH AVE N      |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL     |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | WATTS, STEPHEN G.    |                                            |
| STREET ADDRESS | 2500 25TH AVE N      |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL     |                                            |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | KEITH, DONALD        |                                            |
| STREET ADDRESS | 2500 25TH AVE N      |                                            |
| CITY-ST-ZIP    | ST PETERSBURG FL     |                                            |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | SCOTT, BILL          |                                            |
| STREET ADDRESS | 2500 25TH AVE. NORTH |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL    |                                            |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | MARTIN, BILL         |                                            |
| STREET ADDRESS | 2500 25TH AVE. NORTH |                                            |
| CITY-ST-ZIP    | ST. PETERSBURG FL    |                                            |

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>D</b>                                                                     |
| 3.3 STREET ADDRESS | <b>RORY J. O'CONNOR</b>                                                      |
| 3.4 CITY-ST-ZIP    | <b>2500 25TH AVE. N.</b>                                                     |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS | <b>ST. PETERSBURG, FL</b>                                                    |
| 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 do 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: *Donald Keith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD KEITH**

DATE

**813-323-2100**

CR2E034 (9/96)