

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S74406** (7)

1. Corporation Name

**COKER PROPERTIES, INC.**



Principal Place of Business

Mailing Address

**136 E BAY ST  
JACKSONVILLE FL 32202-3415**

**136 E BAY ST  
JACKSONVILLE FL 32202-3415**

3. Date Incorporated or Qualified

**08/16/1991**

3a. Date of Last Report

**02/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **P. O. Box 551069**

26 **P. O. Box 551069**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State **Jacksonville, FL**

23 **Jacksonville, FL**

28 **FL**

24 **32255-1069** 25 **Duval**

29 **32255-1069** 30 **Duval**

4. FEI Number

**59-3121127**

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

10. Name and Address of New Registered Agent

**COOPER, WILLIAM G.**

**~~136 E BAY ST -~~**

**~~JACKSONVILLE FL 32202~~**

81 Name

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

**6900 Southpoint Drive N. #500**

83

84 City

**Jacksonville**

FL

85 Zip Code

**32216**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DVP** ☐ DELETE

NAME **COKER, HOWARD C.**

STREET ADDRESS **136 E BAY ST  
JACKSONVILLE FL**

CITY-STATE-ZIP ☐ DELETE

TITLE **PDSD** ☐ DELETE

NAME **COOPER, WILLIAM G.**

STREET ADDRESS **136 EAST BAY STREET  
JACKSONVILLE FL**

CITY-STATE-ZIP ☐ DELETE

TITLE **DVP** ☐ DELETE

NAME **COLEMAN, H. DUDLEY**

STREET ADDRESS **6817 NORWOOD AVE  
JACKSONVILLE FL**

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**1/18/96 (904) 296-6900**

CR2E034 (12/95)