FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:39

DOCUMENT # V24157 (2)

1. Corporation Name
COY AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
36 E. MAIN STREET APOPKA FL 32703	P.O. BOX 15260 PARK SQUARE STA. STAMFORD CT 06901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1992
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 4927 Indian Oaks Drive
22 Suite, Apt. #, etc.
23 City & State: Mulberry, FL
24 Zip: 33860
25 Country:

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 11-2225772 ☐ 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

CURRIE, STEVE
5205 EAST FOWLER AVENUE
SUITE 309
TAMPA FL 33617

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 4927 Indian Oaks Drive
03
04 City: Mulberry FL 05 Zip Code: 33860

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	BC	1.1 TITLE		☐ Change ☐ Addition
NAME	COY, CLIFFORD L	1.2 NAME		
STREET ADDRESS	1734 GOLFSIDE	1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	JUNGE, ALBERT T	2.2 NAME		
STREET ADDRESS	26 CARDINAL LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	CURRIE, STEPHEN J SR	3.2 NAME		
STREET ADDRESS	15428 PLANTATION DRIVE #14	3.3 STREET ADDRESS	4927 Indian Oaks Drive	
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	BRYER, GONNEL	4.2 NAME	Francis F. McAdams	
STREET ADDRESS	14 POSSOM LANE	4.3 STREET ADDRESS	1027 Valley Forge Road	
CITY-ST-ZIP	NORWACK CT 06854	4.4 CITY-ST-ZIP	Devon, PA 19333	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	SMERIGLIO, MARIA F	5.2 NAME		
STREET ADDRESS	3 SEIR HILL ROAD E-1	5.3 STREET ADDRESS		
CITY-ST-ZIP	NORWACK CT 06850	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Maria F. Smeriglio Maria F. Smeriglio 1/15/95 203/845-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303027 FP