

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V24157

(2)

1. Corporation Name

COY AND ASSOCIATES, INC.

Principal Place of Business

4927 INDIAN OAKS DRIVE
MULBERRY FL 33860
US

Mailing Address

4927 INDIAN OAKS DRIVE
~~CHAMBERS CROSSING~~
MULBERRY FL 33860
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

CURRIE, STEVE
4927 INDIAN OAKS DRIVE
SUITE 309
MULBERRY FL 33860

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE BC
NAME COY, CLIFFORD L
STREET ADDRESS 1734 GOLFSIDE
CITY-ST-ZIP APOPKA FL 32712

DELETE

TITLE P
NAME JUNGE, ALBERT T
STREET ADDRESS 28 CARDINAL LANE
CITY-ST-ZIP HAUPPAUGE NY 11788

DELETE

TITLE V
NAME CURRIE, STEPHEN J SR
STREET ADDRESS 4927 INDIAN OAKS DRIVE
CITY-ST-ZIP MULBERRY FL 33860

DELETE

TITLE S
NAME MCADAMS, FRANCIS F
STREET ADDRESS 1027 VALLEY FORGE RD
CITY-ST-ZIP DEVON PA

DELETE

TITLE T
NAME SMERIGLIO, MARIA F
STREET ADDRESS 3 SEIR HILL ROAD E-1
CITY-ST-ZIP NORWACK CT 06850

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~xxx~~ no title ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

11788

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33860

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

ST
Christie W. Davey
229 Old Bridge Lane
Danbury, CT 06810

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 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:

Christie W. Davey

July 13 1998 327-4625

CR2E034 (5/98)