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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V71547

(6)

COSPER CONSTRUCTION MANAGEMENT, INC.

Principal Place of Business Mailing Address						- I TOULL OLIUL LOUDE PEODE DELLE BLOCK 100K 91614 DIOLEGIUM DIOLEGIUM DIOLEGIUM			
2196 MAIN ST. #A DUNEDIN FL 34698		2196 MAIN ST., #A DUNEDIN FL 34698-5650							
						3. Date Incorporated or Qualified 10/15/1992		ate of Last F 11/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	I	A	pplied For
21		26	26			59-3147042			ot Applicable
Sulte, Apt. (	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27				<b>_</b>	+		equired
City & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip	<del></del>			8. This corporation has liability for in			3. 199.032,
24	25	29	30					_] No	
DOM	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Reg	isterea	Agent	
	IAN, THOMAS A		Ľ	"	Ivame				
	S MAIN STREET		Ē	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
SUIT	E L EDIN FL 34698		-	83					
ווטע	EDIN FL 34090		[`	3					
<i>y</i> .			Ē	84	City		C)	<b>85</b> Zip	Code
44 Purcuant t	to the provisions of Sections 607.0502	and 607 1608 Florida Stat	lules the abo		named cores	pration enhants this statement for the pu	TL 0000 0	changing i	ite registered
office of te	egistered agent, or both, in the State of	of Florida, Such change war	s authorized	py.	the corporation	oration submits this statement for the pu on's board of directors. I heroby accept	the app	ointment as	registered
agent. Far	m familiar with, and accept the obligat	lions of, Section 607.0505, F	Florida Statu	ites.					
SIGNATURE .	Signature, typod or printed name of registered agent	and title if amplicable. (N	OTF Boolstered	Agen	nt signature requires	d whee reinstating)	DATE.		
12.	OFFICERS AND	and the second s	13.		residence	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	RS IN 12
TITLE	PTO	-		1.3 TITLE				Change	Addition
NAME	COSPER, THOMAS C., JR.		1.2 NAN	1.2 NAME					
STREET ADDRESS	2196 MAIN STREET, UNIT A	1.3 SI 1.4 GI		1.3 STREET ADDRESS					
CITY-ST-ZIP	DUNEDIN FL 34698			Y-ST	- ZIP				
TITLE	VSD	DELETE	2.1 TH C	.F		NEW CONTRACTOR AND A STATE OF CONTRACTOR AND AN ANALYSIS OF A CONTRACTOR AND AN ACCOUNT.		Change	Addition
NAME	COSPER, MARILYN A.		2.2 NAM	ИE					
STREET ADDRESS	2196 MAIN STREET, UNIT A		2.3 STR	EFT#	ADDRESS				
CITY-ST-ZIP	DUNEDIN FL 34698	2 4 C		Y-\$1	T-ZIP				
TITLE		☐ DELETE	3.1 TITE	.f				Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STR	ÆF1#	ADDRESS				
CITY-ST-ZIP		<del>-</del>	3.4. CITY		1 - ZIP				
TITLE	DELETE		4.1 TITL	.ŧ				☐ Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS	<b>'.</b>			
CITY-ST-ZIP		and the second s	4.4 CHY		· ZIP				
TITLE		☐ DELETE	5.1 THE	5.1 TITLE		•		Change	Addition
NAME			5.2 NAM	Æ					
STREET ADDRESS			5.3 STH	EF3 A	ADDRESS				
CITY-ST-ZIP			5.4 Cilly		- ZIP	*···			
TITLE		[_] DELETE	61 THTL	.E				Change	Addition Addition
NAME			6.2 NAM						
STREET ADDRESS			63 STR	F[] #	ADDRESS				

6.4 CHY-ST-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that acciver or make a figure of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name in attachment with an address. 14. I do hereby certify that the information supplinformation indicated on this annual report.

I am an officer or director of the corporation

**FILED** 

Apr 02 1997 8:00am

Secretary of State