

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

\*PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37794** (5)

1. Corporation Name  
**COE CONSTRUCTION, INC.**



Principal Place of Business: 1703 E. 18TH STREET, SUITE 5B, LOVELAND CO 80538  
Mailing Address: 1703 E. 18TH STREET, SUITE 5B, LOVELAND CO 80538

3. Date Incorporated or Qualified: **03/03/1992**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **84-1150008**  
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 2302 E. 13th Street, Loveland, CO 80537  
2a. Mailing Address: 26 2302 E. 13th Street, Loveland, CO 80537  
22. State, Apt. #, etc.  
23. City & State: Loveland, CO 80537  
24. Zip: 80537  
25. Country: Larimer  
27. State, Apt. #, etc.  
28. City & State: Loveland, CO 80537  
29. Zip: 80537  
30. Country: Larimer

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	COE, BRIAN J.	
STREET ADDRESS	6233 JORDAN DR	
CITY, ST, ZIP	LOVELAND CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COE, MARY JANE	
STREET ADDRESS	6233 JORDAN DR	
CITY, ST, ZIP	LOVELAND CO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POMRANKA, SHERRI	
STREET ADDRESS	3738 BANYAN COURT	
CITY, ST, ZIP	LOVELAND CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), Florida Statutes. I further certify that the information indicated in 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 of this report, or in an attachment with an address.

SIGNATURE: **Brian J. Coe, President** 1/24/96 970-663-7636  
SIGNATURE AND TYPE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)