

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000059582

1. Entity Name
COX ENGINEERING AND CONSTRUCTION, INC.



Principal Place of Business
114 ROSE CORAL DR.
PANAMA CITY BCH, FL 32408

Mailing Address
PO BOX 19173
PANAMA CITY, FL 32417

DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
45-0480117

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, THEODORE C JR.
114 ROSE CORAL DR.
PANAMA CITY BCH, FL 32408

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000094937
03/24/04-80013-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COX, THEODORE C JR.
P. O. BOX 19173
PANAMA CITY BCH, FL 32417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
COX, TERESA
PO BOX 19173
PANAMA CITY, FL 32417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA W. COX

3-22-04 850-231-6338

Date

Daytime Phone #