

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90017 014 ***158.75

DOCUMENT # P03000056060

1. Entity Name
COX BUILDING CORPORATION



Principal Place of Business
12318 PANAMA CITY BEACH PARKWAY
PANAMA CITY, FL 32407

Mailing Address
12318 PANAMA CITY BEACH PARKWAY
PANAMA CITY, FL 32407

14000287



2. Principal Place of Business
17687 Ashley Drive
Suite, Apt. #, etc.

3. Mailing Address
PO Box 9088
Suite, Apt. #, etc.

02112004 Chg-P CR2E034 (10/03)

City & State
Panama City Bch, FL

City & State
Panama City Bch, FL

Zip
32413

Country

Zip
32417

Country

4. FEI Number
63-0544071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HARE, DIANE CPA
3003 SOUTH HIGHWAY 77
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent
Name
Diane C. Hare CPA
Street Address (P.O. Box Number is Not Acceptable)
2589 Jenks Ave.
City
Panama City FL Zip Code
32405

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, RICHARD L JR.		NAME	Richard Cox, Jr.	
STREET ADDRESS	12318 PANAMA CITY BEACH PARKWAY		STREET ADDRESS	PO Box 9088	
CITY-ST-ZIP	PANAMA CITY, FL 32407		CITY-ST-ZIP	Panama City Bch, FL 32417	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: Richard L. Cox JR 3-15-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #