FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **278025** **(2)**

1. Corporation Name
INX CORP.

Principal Place of Business	Mailing Address
11706 N. FLORIDA AVE. TAMPA FL 33612	11706 N. FLORIDA AVE. TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/31/1964**
3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business	2a. Mailing Address
21 5421 JET VIEW CIRCLE	26 5421 JET VIEW CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State: TAMPA FL
24 Zip: 33634 / 25 Country: HILLSBORO	29 Zip: 33634 / 30 Country: HILLSBORO

4. FEI Number: **59-1037082** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUTHERLAND, HENRY 11706 N. FLORIDA AVE. TAMPA FL 33612	81 Name: SUTHERLAND, HENRY 82 Street Address (P.O. Box Number is Not Acceptable): 5421 JET VIEW CIRCLE 83 84 City: TAMPA **FL** 85 Zip Code: 33634

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V	☒ Change ☐ Addition
NAME	WILSON, ERLENE	12 NAME	WILSON,ERLENE	
STREET ADDRESS	11706 N FLORIDA AVE	13 STREET ADDRESS	5421 JET VIEW CIRCLE	
CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	TAMPA FL 33634	
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	SUTHERLAND, HENRY	22 NAME	SUTHERLAND,HENRY	
STREET ADDRESS	11706 N FLORIDA AVE	23 STREET ADDRESS	5421 JET VIEW CIRCLE	
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	SUTEHRLAND, MARK A.	32 NAME	SUTHERLAND,MARK A.	
STREET ADDRESS	11706 N FLORIDA AVE.	33 STREET ADDRESS	5421 JET VIEW CIRCLE	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FL 33634	
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	SUTHERLAND,I.S.	
STREET ADDRESS		43 STREET ADDRESS	5421 JET VIEW CIRCLE	
CITY-ST-ZIP		44 CITY-ST-ZIP	TAMPA FL 33634	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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: Erlene Wilson ERLENE WILSON 04/4/1995 813/249-5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0899440 CP