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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **380108** **(1)**

1. Corporation Name

**COX ELECTRIC CORPORATION**

Principal Place of Business

**1018 MT CARMEL RD**
**BRANDON FL 33511**
**US**

Mailing Address

**1018 MT CARMEL RD**
**BRANDON FL 33511**
**US**

3. Date Incorporated or Qualified: **04/07/1971**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-1324928** ☐ 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

2. Principal Place of Business
21 Street, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Street, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**COX,ROBERT H**
**1018 MT CARMEL RD**
**BRANDON FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0120 et al. 617.1526, 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 (Type or Print Name of Registered Agent) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1 TITLE | ☐ Change ☐ Addition |
| NAME | COX,ROBERT H | | 1 NAME | |
| STREET ADDRESS | 1018 MT. CARMEL ROAD | | 1 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | | 1 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 2 TITLE | ☐ Change ☐ Addition |
| NAME | COX,MURIEL S | | 2 NAME | |
| STREET ADDRESS | 1018 MT. CARMEL ROAD | | 2 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | | 2 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3 NAME | |
| STREET ADDRESS | | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4 NAME | |
| STREET ADDRESS | | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5 NAME | |
| STREET ADDRESS | | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6 NAME | |
| STREET ADDRESS | | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is true, accurate, and complete. I qualify for the exemption stated in Section 119.07(3)(i), 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:** Muriel S. Cox Muriel S. Cox 3/29/96 813/689-3958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)