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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

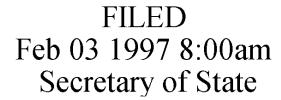
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 398480

(4)

COX CONSTRUCTION COMPANY





5440 FIRST AVENUE NORTH ST PETERBURG FL 33710 US 2. Principal Place of Business 21 Suite, Apt #, etc 22		544 ST US	28. Mailing Address 26 Suite, Apt. #, etc.				3. Date Incorporated or Qualified 03/30/1972 4. FEI Number 59-1384819 5. Certificate of Status Desired	04/01/1996 Applied For Not Applicable		
City & State	e		City & State				Election Campaign Financing Trust Fund Contribution	П		May Be
23 Ζιρ 24	Country 25 9. Name and Address of Currer	28	Zip	30 Cou	ntry		8. This corporation has liability for it	ntangible Yes	tax unde] No	r s. 199.032,
5440 ST P	, THOMAS J FIRST AVENUE NORTH ETERSBURG FL 33710				81 82 83 84	Street Add	iress (P.O. Box Number is Not Acceptab	FL		p Code
SIGNATURE	Signature, typical or printed name of registered ago	or and fire	^p anplicable. (NC	OTE: Registered			poration submits this statement for the p ition's board of directors. I hereby accep ired when reinstaling)	DATE		
TITLE NAME STREET ADDRESS CITY-ST-Z-P	VSD BOYD, TAYLER M JR 1891 DOLPHON BLVD SO ST PETERSBURG, FL 00000	<u>D DIREC</u>	DELFTE DELFTE	13. 1.1 T/I 12 NA 13 ST	ME Reet	ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Chang	
TITLE NAME STREET ADORESS CITY-ST-ZIP	PTD COX, THOMAS J 7921 ELBOW LANE NORTH ST PETERSBURG, FL 00000		□ DEL€TE	•	ME Reet	ADDRESS ST-ZIP			☐ Chang	e 🔲 Addilio
TITLE NAME STREET ADDRESS OUTY - ST - ZIP			☐ DELETE		ME Reet	T ADDRESS ST-ZIP			Chang	e 🔲 Additio
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TITLE NAME STREET ADDRESS DITY-ST-ZIF		•	DELETE	5 1 TI 5 2 NA 5 3 ST	ILE IME REET	ADDAESS ST-ZIP			Chang	ge 🔲 Additio
TITLE NAME STREET ADDRESS CITY-S1-ZIP			DELETE	6.1 Till 6.2 NA 6.3 ST	TLE AME REET	T ADDRESS ST-ZIP			☐ Chang	e 🔲 Addillo

14. I do 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 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 is 15.3 d., or on an anatometric with an address.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Cox, President

813-323-1919

Daytime Phone #