PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 424187

FOX REALTY, INC.

Principal Place of Business 1211 GROVE PARK BLVD.

JACKSONVILLE FL 32216

Mailing Address

1211 GROVE PARK BLVD. JACKSONVILLE FL 32216

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90081 013 ***150.00



DO NOT WRITE IN THIS SPACE

					04/23/1973		
2. Principal Place of Business 2a. Mail			ess ———		4. FEI Number	Applied For	
21		26			59-1456805	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #,	etc.		_ \$8.	75 Additional	
22	,	27			5. Certificate of Status Desired	e Required	
City & State	e	City & State			6. Election Campaign Financing _ \$5	.00 May Be	
	•	28				ded to Fees	
Zip	Country	Zip	Cou	intrv	8. This corporation owes the current year Intangible		
├ ── '	25	29	30	•	Personal Property Tax.	i □No	
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
	9. Haine and Address of Curre	in registered Agent		81 Name			
FOX, DONALD H.							
1211 GROVE PARK BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32216				83			
JACI	ASOMVILLE PL 32216			83			
				84 City	85	Zip Code	
				' '	FL		
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig-	e of Florida. Such chanc	ie was authorized	a by the corp	d corporation submits this statement for the purpose of changin poration's board of directors. I hereby accept the appointment	ng its registered as registered	
SIGNATURE			MOTE: Seciet	Anant properties	required when reinstating) DATE		
	Signature, typed or printed name of registered agr	ND DIRECTORS		Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12	
12.	P		13. LETE 1.1 TO	n c	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	1'					• •	
NAME	FOX, DONALD H.		1.2 N				
STREET ADDRESS			1.3 S	TREET ADDRESS	5		
CITY-ST-ZIP	JACKSONVILLE FL	<u> </u>		TY-ST-ZIP	F20	T & ddilla =	
TITLE		☐ DI	LETE , 2,1 TI	TLE	□ Ch	ange	
NAME			2.2 N	AME			
STREET ADDRESS			235	TREET ADDRESS	3	-	
CITY-ST-ZIP			2.40	ITY-ST-ZIP			
TITLE		□ Di	LETE 3.1 TI	TLE	□ Ch	ange 🔲 Addition	
NAME		-	3.2 N	AME			
1	1		1	TREET ADDRESS	s		
STREET ADDRESS	1			TY-ST-ZIP			
CITY-ST-ZIP			34. C ELETE 4.1 TI		□ Ch	ange Addition	
TITLE						-	
NAME			4 2 N				
STREET ADDRESS				TREET ADDRESS	5		
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE]	□ DI	ELETE 5.1 TI		□ Ch	ange	
NAME			52 N	AME			
STREET ADDRESS	ļ		5.3 S	TREET ADDRESS	s		
CITY-ST-ZIP			5.4 C	ITY-ST-ZIP			
TMLE		[] DI	ELETE 6.1 TI	TLE	□ Ch	ange Addition	
i	1		6.2 N	AME			
NAME	1			TREET ADDRESS	s		
STREET ADDRESS							
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: DILLENGE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #