

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **449524** (8)

1. Corporation Name
COX & ASSOCIATES INSURANCE, INC.



Principal Place of Business: **2290 LEE ROAD WINTER PARK FL 32789**
Mailing Address: **2290 LEE ROAD WINTER PARK FL 32789**

3. Date Incorporated or Qualified: **04/01/1974**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1519691**
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. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address:
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX III, JOHN M.
2290 LEE ROAD
WINTER PARK FL 32789**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COX III, JOHN M.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2235 HOFFNER RD	CITY, STATE, ZIP: ORLANDO FL	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY, STATE, ZIP:	
TITLE: AS	NAME: COX, RORA G	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2290 LEE RD	CITY, STATE, ZIP: WINTER PARK FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY, STATE, ZIP:	
TITLE: VP	NAME: ROBERT WARD HACKETT	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2437 WHITEHALL CIR.	CITY, STATE, ZIP: WINTER PARK FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY, STATE, ZIP:	
TITLE: VP	NAME: ROBERT PARKER ADAMS	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1761 SUMMERLAND AVE	CITY, STATE, ZIP: WINTER PARK FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY, STATE, ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY, STATE, ZIP:		5.4 CITY, STATE, ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY, STATE, ZIP:		6.4 CITY, STATE, 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 registered 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 of this report, or on an attachment with an address.

SIGNATURE: *John M. Cox III* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John M. Cox III**
Date: **1-15-96**
Day, Month, Year: **407644777**

CR2E034 (12/95)