

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 449524 (8)**  
1. Corporation Name  
**COX & ASSOCIATES INSURANCE, INC.**



Principal Place of Business <b>2290 LEE ROAD WINTER PARK FL 32789</b>	Mailing Address <b>2290 LEE ROAD WINTER PARK FL 32789-1855</b>
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3. Date Incorporated or Qualified <b>04/01/1974</b>	3a. Date of Last Report <b>02/22/1996</b>
4. FEI Number <b>59-1518691</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	NAME <b>COX III, JOHN M.</b>	1.1 TITLE <b>PD</b>
STREET ADDRESS <b>2235 HOFFNER RD</b>	CITY-ST-ZIP <b>ORLANDO FL</b>	1.2 NAME <b>John M Cox III</b>
TITLE <b>AS</b>	NAME <b>COX, RORA G</b>	1.3 STREET ADDRESS <b>2290 Lee Rd</b>
STREET ADDRESS <b>2290 LEE RD</b>	CITY-ST-ZIP <b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP <b>Winter Park A 32790</b>
TITLE <b>VP</b>	NAME <b>ROBERT WARD HACKETT</b>	2.1 TITLE
STREET ADDRESS <b>2437 WHITEHALL CIR.</b>	CITY-ST-ZIP <b>WINTER PARK FL</b>	2.2 NAME
TITLE <b>VP</b>	NAME <b>ROBERT PARKER ADAMS</b>	2.3 STREET ADDRESS
STREET ADDRESS <b>1761 SUMMERLAND AVE</b>	CITY-ST-ZIP <b>WINTER PARK FL</b>	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **1-6-97** **407 644 7776**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)