

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 918 W Amelia St		2a. Mailing Address 26 PO Drawer 370		3. Date Incorporated or Qualified 04/01/1974	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number 59-1519691	
22. City & State Orlando FL		27. City & State Winter Park FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32805		28. Zip 32790		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country Orlando		29. Country Orange		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

e. Name and Address of Current Registered Agent COX M, JOHN M. 2290 LEE ROAD WINTER PARK FL 32789				10. Name and Address of New Registered Agent			
b1 Name				b2 Street Address (P.O. Box Number is Not Acceptable) 918 W Amelia St			
b3				b4 City Orlando			
				b5 State FL			
				b6 Zip Code 32805			

11. Pursuant to the provisions of Sections 607.0509 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: *John M. Cox* **2-3-98**
Signature typed or printed below of registered agent and the appointor. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX III, JOHN M.	1.2 NAME	
STREET ADDRESS	2290 LEE ROAD, PO DRAWER 370	1.3 STREET ADDRESS	PO Drawer 370 N/A
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park FL 32790
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, RORA G	2.2 NAME	
STREET ADDRESS	2290 LEE RD	2.3 STREET ADDRESS	918 W Amelia St
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Orlando FL 32805
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-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 registered agent 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 in an attachment with an address.

SIGNATURE: *John M. Cox* **2-3-98** **4076484330**

CR2E034 (10/97)