FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **650512** **(7)**

1. Corporation Name
BOCOX, INC.

Principal Place of Business	Mailing Address
6431 CENTRAL AVE. ST.PETERSBURG FL 33710	6431 CENTRAL AVE. ST.PETERSBURG FL 33710

3. Date Incorporated or Qualified: **01/01/1980**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-1963724** ☐ 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

9. Name and Address of Current Registered Agent

AKERSON, BRUCE
1135 PASADENA AVENUE SOUTH
SUITE 140
ST.PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name: David N. Doss
82 Street Address (P.O. Box Number is Not Acceptable): 5209 Gulfport Boulevard
83
84 City: Gulfport, FL 85 Zip Code: 33707

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: David N. Doss — 4/29/96
Signature of new or reinstated registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☒ DELETE	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	BOCOX, DOROTHY JAME		1.2 NAME	Janie Sharbaugh	
STREET ADDRESS	6431 CENTRAL AVE.		1.3 STREET ADDRESS	6431 Central Avenue	
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, FL. 33710	
TITLE	VS	☒ DELETE	2.1 TITLE	VS	☒ Change ☐ Addition
NAME	BOCOX, LARRY THOMAS		2.2 NAME	Janie Sharbaugh	
STREET ADDRESS	6431 CENTRAL AVE.		2.3 STREET ADDRESS	6431 Central Avenue	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL. 33710	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Janie Sharbaugh — 4-30-96 — 813-384-5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #