

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

APPROVED
AND
FILED

96 JAN 22 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840891 (6)

1. Corporation Name

COX BUILDING CORPORATION

Principal Place of Business

1024 COX GRADE ROAD
P.O. BOX 9088
PANAMA CITY FL 32417

Mailing Address

1024 COX GRADE ROAD
P.O. BOX 9088
PANAMA CITY FL 32417



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

COX, RICHARD L.
470 BAY POINT
PANAMA CITY FL

3. Date Incorporated or Qualified
06/20/1978

3a. Date of Last Report
09/28/1995

4. FEI Number
63-0574071

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of the principal officer or registered agent (handwritten signature)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VS
NAME COX, RICHARD L., JR.
STREET ADDRESS 196 MARLIN CR. BAY POINT
CITY-STATE-ZIP PANAMA CITY BCH. FL ☐ DELETE

TITLE PTD
NAME COX, RICHARD L.
STREET ADDRESS 470 BAY POINT
CITY-STATE-ZIP PANAMA CITY, FL 00000 ☐ DELETE

TITLE EVP
NAME FLEMING, DARRELL
STREET ADDRESS 104 GILFORD
CITY-STATE-ZIP DOTHAN AL ☐ DELETE

TITLE S
NAME ALLEN, LINDA
STREET ADDRESS 17620 FRONT BEACH RD
CITY-STATE-ZIP PANAMA CITY BEACH FL ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

200001701632
-01/30/96--01094--010
*****200.00 *****200.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

200001701632
-01/30/96--01094--010
*****8.75 *****8.75

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in 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 in Block 14 if added, with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

904-234-7800

Date

Daytime Phone #

CR2E034 (12/95)