FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004252 (3)**

1. Corporation Name
COX ISD, INC.

Principal Place of Business	Mailing Address
1400 LAKE HEARN DRIVE, N.E. ATLANTA GA 30319	1400 LAKE HEARN DRIVE, N.E. ATTN: CORP TAX DEPT ATLANTA GA 30319 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/20/1993**
3a. Date of Last Report: **04/13/1994**

4. FEI Number: **58-2053695** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 required if named registered agent and filer is applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBBINS, JAMES O	12 NAME		
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	13 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30319	14 CITY ST ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	HAYES, JIMMY W	22 NAME		
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	23 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30319	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MERDEK, ANDREW A ESQ.	32 NAME		
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30319	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HATCHER, JAMES A	42 NAME		
STREET ADDRESS	1400 LAKE HEARN DRIVE, N.E.	43 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30319	44 CITY ST ZIP		
TITLE		51 TITLE	Vice President	☐ Change ☒ Addition
NAME		52 NAME	Preston B. Barnett	
STREET ADDRESS		53 STREET ADDRESS	1400 Lake Hearn Drive, N.E.	
CITY ST ZIP		54 CITY ST ZIP	Atlanta, GA 30319	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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)(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: Preston B. Barnett **PRESTON B. BARNETT** 4/20/95 (404) 843-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER **VICE PRESIDENT - TAX** Date Daytime Phone #

000018B OP