

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G11779** (7)

1. Corporation Name

**FOX ENGINE SERVICE, INC.**



Principal Place of Business

C/O B D FRASER  
349 FOX STREET  
JACKSONVILLE FL 32254  
US

Mailing Address

C/O B D FRASER  
349 FOX STREET  
JACKSONVILLE FL 32254  
US

2. Principal Place of Business

2a. Mailing Address

21 **349 FOX ST.**

26 **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **JAX FL**

28

Zip

Country

Zip

Country

24 **32254**

25 **DUAL**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**12/03/1982**

3a. Date of Last Report  
**02/16/1995**

4. FEI Number  
**59-2239213**

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

FRASER, B. D.  
9404 SISSON DR  
JACKSONVILLE FL 32218

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☒ 12

TITLE PD  
NAME CHAPMAN, G. H.  
STREET ADDRESS 11230 CISCO GARDENS RD,S  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

1.1 TITLE **seety**  
1.2 NAME **Chapman, SARAH J.**  
1.3 STREET ADDRESS **11230 Cisco Gardens Rd S.**  
1.4 CITY-ST-ZIP **JAX, FL 32219**  
☐ Change ☒ Addition

TITLE D  
NAME FRASER, B. D.  
STREET ADDRESS 9404 SISSON DR  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE **seety**  
NAME **Chapman, SARAH J.**  
STREET ADDRESS **11230 Cisco Gardens Rd S.**  
CITY-ST-ZIP **JAX, FL 32219**  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Sarah J. Chapman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-96**

Date

**904-781-5723**

Daytime Phone #

CR2E034 (12/95)