SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 12 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G70883** (5)

1. Corporation Name
COX ASSOCIATES, INC.

200001536272
-07/12/95--01079--033
******8.75 ******8.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
200-B EAST MARKS STREET ORLANDO FL 32803	200-B EAST MARKS STREET ORLANDO FL 32803

3. Date Incorporated or Qualified: 11/21/1983
3a. Date of Last Report: 09/24/1994

2. Principal Place of Business	2a. Mailing Address
21 2620 E. Robinson St.	26 2620 E. Robinson St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip / Country 24 32803 / 25 U.S.A.	Zip / Country 29 32803 / 30 U.S.A.

4. FEI Number: 59-2344166 ☐ 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

FULTZ, IRENE E
2620 E. ROBINSON ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is not acceptable) 200001536272 -07/12/95--01079--034
83 ****225.00 ****225.00
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ROGERS, WILLIAM E	1.2 NAME	
STREET ADDRESS	200 B EAST MARKS STREET	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	RIEGERT WILLIAM P.	2.2 NAME	
STREET ADDRESS	200-B EAST MARKS ST.	2.3 STREET ADDRESS	2620 E. Robinson Street
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition
NAME	RIEGERT, KAREN	3.2 NAME	
STREET ADDRESS	200-B EAST MARKS ST.	3.3 STREET ADDRESS	2620 E. Robinson Street
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	EV	4.1 TITLE	☒ Change ☐ Addition
NAME	BATSON, RICHARD	4.2 NAME	
STREET ADDRESS	200 E. MARKS ST.	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORLANDO FL 32803	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	RIEGERT, TIMOTHY P	5.2 NAME	
STREET ADDRESS	200 E. MARKS ST.	5.3 STREET ADDRESS	2620 E. Robinson Street
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	Orlando, Florida 32803
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	RIEGERT, SCOTT A	6.2 NAME	
STREET ADDRESS	200 E. MARKS ST	6.3 STREET ADDRESS	2620 E. Robinson Street
CITY-ST-ZIP	ORLANDO FL 32803	6.4 CITY-ST-ZIP	Orlando, Florida 32803

CR2E034 (3/95)

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)(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: _____ V.P. 7-11-95 (407) 896-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011364 · CP