

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H33971 (3)

1. Corporation Name  
COX PLUMBING, INC.



Principal Place of Business

1304 E BAKER ST.  
P O BOX 2474  
PLANT CITY FL 33564

Mailing Address

1304 E BAKER ST.  
P O BOX 2474  
PLANT CITY FL 33564-2474

2. Principal Place of Business

21 1408 Buell Court

Suite, Apt. #, etc.

22 P.O. Box 2474

City & State

23 Plant City, FL

Zip

Country

24 33564

25

USA

2a. Mailing Address

26 1408 Buell Court

Suite, Apt. #, etc.

27 P.O. Box 2474

City & State

28 Plant City, FL

Zip

Country

29 33564

30

USA

3. Date Incorporated or Qualified

12/13/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2474601

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

COX, TRACY L.  
1304 E BAKER ST.  
PLANT CITY FL 33568

10. Name and Address of New Registered Agent

81 Name Tracy L. Cox

82 Street Address (P.O. Box Number is Not Acceptable)  
1408 Buell Court

83

84 City Plant City

FL

85 Zip Code  
33567

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

Tracy L. Cox

Tracy L. Cox - Vice President

4/25/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COX, RICHARD A.  
STREET ADDRESS 1408 BUELL CT.  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME DVT  
COX, TRACY L.  
STREET ADDRESS 1408 BUELL CT.  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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

CR2E034 (9/96)