STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00** PROFIT Apr 22 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # H34162 (8)THE FOX FOUR COMPANIES, INC. Principal Place of Business Mailing Address 3637 4TH ST., NORTH, #330 3637 4TH ST., NORTH, #330 ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2481137 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zin Country Country Ζip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOX IV. FRANK X. 3637 4TH ST., NORTH #330 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33704 83 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition FOX IV. FRANK X. NAME 1.2 NAME 3637 4TH ST., NORTH #330 STREET ADDRESS 1.3 STREET ADDRESS **ST. PETERSBURG FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed ation supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of supplicional 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 attended to execute the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the original and attackment on an attackment of the products.

5.3 STREET ADDRESS

**63 STREET ADDRESS** 

☐ Change

\_\_\_ Addition

5.4 CITY - ST - ZIP

61 TITLE

62 NAME

DELETE

4/11/25