

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H52659 (0)

1. Corporation Name  
COX GULF, INC.

Principal Place of Business

HWY. 98 & MARINE STREET  
PO BOX 548  
CARRABELLE FL 32322

Mailing Address

HWY. 98 & MARINE STREET  
PO BOX 548  
CARRABELLE FL 32322



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

COX, BLANCHE  
HWY 98 & MARINE ST.  
CARRABELLE FL 32322

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

04/17/1985

3a. Date of Last Report

03/02/1995

4. FEI Number

59-2524243

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's)

Signature of Agent for Service of Process (if not the same as the corporation's)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST., ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST., ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST., ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST., ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST., ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST., ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST., ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST., ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST., ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST., ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST., ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST., ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Blanche Cox Blanche Cox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996

904-697-2777

CR2E034 (12/95)