

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J11472 (4)

1. Corporation Name

COX ASPHALT MAINTENANCE, INC.

Principal Place of Business

Mailing Address

% JOHN MILTON COX  
3660 W ORANGE AVE.  
TALLAHASSEE FL 32310

% JOHN MILTON COX  
3660 W ORANGE AVE.  
TALLAHASSEE FL 32310



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 2300 Cox Drive

22 2300 Cox Drive 27 Suite, Apt. #, etc.

23 TALLAHASSEE FL 28 TALLAHASSEE

24 32310 25 LEON 29 FL 30 32310

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
04/28/1986

3a. Date of Last Report  
03/08/1995

4. FEI Number  
59-2730728

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

COX, JOHN MILTON  
4011 W. ORANGE AVE.  
TALLAHASSEE FL 32304

81 Name  
Cox, John Milton

82 Street Address (P.O. Box Number is Not Acceptable)  
2300 COX DRIVE

83

84 City  
TALLAHASSEE, FL 85 Zip Code  
32310

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

12. OFFICERS AND DIRECTORS

TITLE P  
NAME COX, JOHN MILTON  
STREET ADDRESS 3660 W ORANGE AVE.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME COX, John Milton  
1.3 STREET ADDRESS 2300 COX DRIVE  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32310

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-96 904-576-2606

CR2E034 (12/95)