FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT*
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34640 (9)

1. Corporation Name
THE WILLIAM FOX AGENCY, INC.

Principal Place of Business
P.O. BOX 17652
W. PALM BEACH FL 33416

Mailing Address
P.O. BOX 17652
W. PALM BEACH FL 33416

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1986
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-2846238 — 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent
MONTGOMERY, THOMAS
1 S.E. AVENUE E
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FOX, WILLIAM
STREET ADDRESS	P.O. BOX 17652 N/A
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	STD
NAME	MONTGOMERY, THOMAS
STREET ADDRESS	1 S.E. AVENUE E
CITY-ST-ZIP	BELLE GLADE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — ☐ Change ☐ Addition (TITLE / NAME / STREET ADDRESS / 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: William Fox President 4/27/95 407-793-1248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William Fox

0436104 FP