

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Nickerson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J69167

(1)

1. Corporation Name

JAMES P. KNOX, P.A.

Principal Place of Business

% JAMES P. KNOX  
607 W. HORATIO ST.  
TAMPA FL 33606  
US

Mailing Address

% JAMES P. KNOX  
607 W. HORATIO ST.  
TAMPA FL 33606  
US



2. Principal Place of Business

2a. Mailing Address

|    |                     |         |    |                     |         |
|----|---------------------|---------|----|---------------------|---------|
| 21 | Suite, Apt. #, etc. |         | 26 | Suite, Apt. #, etc. |         |
| 22 | City & State        |         | 27 | City & State        |         |
| 23 | Zip                 | Country | 28 | Zip                 | Country |
| 24 |                     |         | 29 |                     |         |

9. Name and Address of Current Registered Agent

KNOX, JAMES P.  
607 W. HORATIO ST.  
TAMPA FL 33606

3. Date Incorporated or Qualified  
04/23/1987

3a. Date of Last Report  
07/18/1995

4. FE Number  
59-2831006

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

|    |                                                    |
|----|----------------------------------------------------|
| 81 | Name                                               |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |                                                    |
| 84 | City                                               |
| FL | 85 Zip Code                                        |

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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. Thereby, I accept the appointment as registered agent. I am familiar with and accept the obligation of Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                    |            |
|----------------|--------------------|------------|
| TITLE          | P                  | [ ] DELETE |
| NAME           | KNOX, JAMES P.     |            |
| STREET ADDRESS | 820 DRUID HILLS RD |            |
| CITY-STATE-ZIP | TEMPLE TERRACE FL  |            |
| TITLE          |                    | [ ] DELETE |
| NAME           |                    |            |
| STREET ADDRESS |                    |            |
| CITY-STATE-ZIP |                    |            |
| TITLE          |                    | [ ] DELETE |
| NAME           |                    |            |
| STREET ADDRESS |                    |            |
| CITY-STATE-ZIP |                    |            |
| TITLE          |                    | [ ] DELETE |
| NAME           |                    |            |
| STREET ADDRESS |                    |            |
| CITY-STATE-ZIP |                    |            |
| TITLE          |                    | [ ] DELETE |
| NAME           |                    |            |
| STREET ADDRESS |                    |            |
| CITY-STATE-ZIP |                    |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|         |          |           |             |
|---------|----------|-----------|-------------|
| 14 NAME | 15 TITLE | 16 CHANGE | 17 ADDITION |
| 18 NAME | 19 TITLE | 20 CHANGE | 21 ADDITION |
| 22 NAME | 23 TITLE | 24 CHANGE | 25 ADDITION |
| 26 NAME | 27 TITLE | 28 CHANGE | 29 ADDITION |
| 30 NAME | 31 TITLE | 32 CHANGE | 33 ADDITION |
| 34 NAME | 35 TITLE | 36 CHANGE | 37 ADDITION |
| 38 NAME | 39 TITLE | 40 CHANGE | 41 ADDITION |
| 42 NAME | 43 TITLE | 44 CHANGE | 45 ADDITION |
| 46 NAME | 47 TITLE | 48 CHANGE | 49 ADDITION |
| 50 NAME | 51 TITLE | 52 CHANGE | 53 ADDITION |
| 54 NAME | 55 TITLE | 56 CHANGE | 57 ADDITION |
| 58 NAME | 59 TITLE | 60 CHANGE | 61 ADDITION |
| 62 NAME | 63 TITLE | 64 CHANGE | 65 ADDITION |
| 66 NAME | 67 TITLE | 68 CHANGE | 69 ADDITION |
| 70 NAME | 71 TITLE | 72 CHANGE | 73 ADDITION |

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)(a), 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 responsible for executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes I or another officer or agent with an affidavit.

SIGNATURE:

*James P. Knox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

(813) 254-0034

CR2E034 (12/95)