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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J89319

(4)

COX'S INSURANCE AGENCY, INC.

| FILED | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Feb 06 1997 8:00am | | | | | | | | | |
| Secretary of State | | | | | | | | | |

| Principal Place | ddress | | | | * INDIVIN BIRL IRRID HIND INDI NURA IDAN BIRL BIRL BIRL BIRL BIRL BIRL BIRL BIRL | | | | | |
|--|--|---|------------------|--------------------------|--|-------------------|--|-------------------|-----------------------|--------------------|
| % JOEL M. COX. SR. 606 BALD EAGLE DR. #301 33937 33937 | | % JOEL M. COX. SR. 606 BALD EAGLE DR. #301 33837 34145-2731 | | | | | | | | |
| 33337 33337 | | 90007 0414. | J-2701 | | | | 3. Date Incorporated or Qualified 08/26/1987 | F - | e of Last F 1/1996 | Report |
| <u>⊢≕</u> ' | lace of Business | 2a. Mailing | Address | | | | 4. FEI Number | | _ | pplied For |
| Suite, Apt | # ota | 26 Suito | Apt. #, etc | | | | 65-0014709 | | | ot Applicable |
| 22 Suite, Apr | # ₁ U.G. | 27 | Api. #, eic | | | | 5. Certificate of Status Desired | | | Additional equired |
| i City & State | ė | | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | 28 | | | | Trust Fund Contribution Added to Fees | | | |
| Zıp | Country | Zip | | Country | / | | 8. This corporation has liability for it | ntangible t | ax officier s | |
| 24 | 25 | 29 | | 30 | | | | a Statutes Yes No | | |
| | 9. Name and Address of Currer | nt Registered A | gent | | т. | | 10. Name and Address of New Rep | istered A | gent | |
| | , JOEL M., SR. | | | 61 | | Name | | | | |
| 606 BALD EAGLE | | | | | 3 | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 301 | | | | 83 | ļ | | | *********** | | |
| MAR | CO ISLAND FL 33937 | | | | | | | | | |
| ĺ | | | | 84 | (| City | | FL | 85 Zip | Code |
| 11 Pursuant | to the provisions of Sections 607.050 | 12 and 607 1508 | Elorida Statute | s the above | e-n | amed corn | oration submits this statement for the p | | changing i | ts registered |
| office or r | egistered agent, or both, in the State | of Florida, Sucl | h change was at | thorized by | y th | ne corporati | ion's board of directors. I hereby accep | t the appo | intment as | registered |
| | in tainna: wish, and accept the ornig | ations of, certic | 11007,0003,1101 | ida Optidio | э. | | | | | - |
| SIGNATURE | Signature, typed or printed name of registered age | ent and site if applicat | oo (NOTE: | Registered Age | ent a | signature require | ed when reinstating) | DATE | | |
| 12. | | D DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | PD | | DELETE | 1.1 TITLE | | | | [| Change | Addition |
| NAME | COX, JOAN C. | | | 1.2 NAME | | | | | | |
| STREET ADDRESS | | | | 1.3 STREET | | | | | | |
| CITY-ST-ZIP | MARCO ISLAND FL | | DELETE | 14 City - S | ST - 2 | ZIP | | | Change | Addition |
| TITLE | VD COV LOCI M CD | | ☐ pereit | 2.1 TITLE | | | | ı | Change | ☐ Muunion |
| NAME ATTEST ACTION | COX, JOEL M., SR. 606 BALD EAGLE DR #301 | | | 2.2 NAME | | en.coc | | | | |
| STREET ADDRESS | MARCO ISLAND FL | | | 2.3 STREET | | | | | | |
| CITY-ST-ZIP TITLE | DSEC | | DELETE | 2. 4 CITY - 3.1 TITLE | 51- | ZIF | | | Change | Addition |
| NAME | COX, JOEL M., JR. | | | 3.2 NAME | | | | • | | |
| STREET ADDRESS | 606 BALD EAGLE DR #301 | | | 3.3 STREET | T AD | DRESS | | | | |
| CITY-ST-7IP | MARCO ISLAND FL | | | 3.4. CITY- | | | | | | |
| TITLE | TREA | · · · · · · · · · · · · · · · · · · · | DELETE | 4.1 TITLE | | | IRECTOR - YRANS. | | Change | Addition |
| NAME | FORSYTHE, JENNIFER C. | | | 4. 2 NAME | | | | | | Ì |
| STREET ADDRESS | 606 BALD EAGLE DR #301 | | | 4.3 STREET | T AD | ORESS | | | | İ |
| CITY-ST-ZIP | MARCO ISLAND FL | | | 4.4 CITY - 8 | ST-7 | ZIP | | | | |
| TITLE | D | | DELETE | 5 1 TITLE | | | | | Change | Addition |
| NAME | FORSYTHE, ROBERT W | | | 52 NAME | | ļ | | | | ļ |
| STREET ADDRESS | 606 BALD EAGLE DRIVE, 301 | | | 5.3 STREET | T AD | idress | | | | |
| City-ST-7iP | MARCO IS | , | [] pri pro | 5.4 CITY - S | ST-Z | ZIP . | | ··· | 1 & | 1 |
| TITLE | D | | DELETE | 6.1 TITLE | | | | l | Change | Addition |
| NAME | COX, COLLEEN W | | | 6.2 NAME | | | | | | į |
| STREET ADDRESS | 606 BALD EAGLE DRIVE, 301 | | | 6.3 STREET | T AD | DRESS | | | | |
| CITY-ST-ZIP | MARCO ISLAND FL | or milk this file - | doos not or alif | 6.4 CITY-S | | | t in Spotian 119 07/3/6) Florida Statuto | ت محادث ال | markite the | l the |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of an altachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-31-97

941-642-5100 Daytime Phone #

0416749