

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J89319

(4)

1. Corporation Name
COX'S INSURANCE AGENCY, INC.

FILED
Jul 22 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1987

4. FEI Number

65-0014709

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 34145

25 Country

28 Zip

29 34145

30 Country

9. Name and Address of Current Registered Agent

COX, JOEL M., SR.
606 BALD EAGLE
SUITE 301
MARCO ISLAND FL 33937

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 607.0502 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 PD ☐ DELETE

NAME COX, JOAN C.
STREET ADDRESS 606 BALD EAGLE DR #301
CITY-ST-ZIP MARCO ISLAND FL

TITLE VD ☐ DELETE

NAME COX, JOEL M., SR.
STREET ADDRESS 606 BALD EAGLE DR #301
CITY-ST-ZIP MARCO ISLAND FL

TITLE DSEC ☐ DELETE

NAME COX, JOEL M., JR.
STREET ADDRESS 606 BALD EAGLE DR #301
CITY-ST-ZIP MARCO ISLAND FL

TITLE DT ☐ DELETE

NAME FORSYTHE, JENNIFER C.
STREET ADDRESS 606 BALD EAGLE DR #301
CITY-ST-ZIP MARCO ISLAND FL

TITLE D ☐ DELETE

NAME FORSYTHE, ROBERT W
STREET ADDRESS 606 BALD EAGLE DRIVE, 301
CITY-ST-ZIP MARCO IS

TITLE D ☐ DELETE

NAME COX, COLLEEN W
STREET ADDRESS 606 BALD EAGLE DRIVE, 301
CITY-ST-ZIP MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE

[Signature]

7 13 98 211 142 510

CR2E034 (5/98)