FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

· PROFIT CORPORATION NNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J89319 1. Corporation Name

COX'S INSURANCE AGENCY, INC.

Jan 22, 1999 8:00am								
Secretary of State								

01-22-1999 90037 014 ***150.00

FILED



								
Principal Place	of Business	Mailing Address					16 A6811 A1A11 A1A1	il mimir mimir that
% JOEL M. COX, SR. 606 BALD EAGLE DR. #301 33937 34145		% JOEL M. COX. SR. 606 BALD EAGLE DR. #301 33937 34145		DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed 08/26/1987		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	₽ -	26				65-0014709		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip				Country 8. This corporation owes the current year Intangible				
24	25	29 30		-		Personal Property Tax.	☐ Yes	□No
24]	9. Name and Address of Current		11		<u> </u>	10. Name and Address of New Register	ed Agent	
· · · · · ·				81	Name			
COX, JOEL M., SR. 606 BALD EAGLE				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	E 301			83	<u> </u>			1 1 1 1 1 1 1
	CO ISLAND FL 33937			~			419 1 3 19 3	
				84	City		·L	p 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								
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	ions of, Section 607.0505, Fl	orida Stat	utes.	Corporation	on a board of directors. Thereby decept the ep		
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi					signature require	d when reinstating) DATE	AMO DIDEC	TODE IN 12
12.	OFFICERS ANI		13.		1	ADDITIONS/CHANGES TO OFFICERS	Chang	
TITLE	PD	☐ DELETE	1.1 T					je 🗆 Additon
NAME	COX, JOAN C.		1.2 N					}
STREET ADDRESS	606 BALD EAGLE DR #301				ADDRESS			Ì
CITY-ST-ZIP	MARCO ISLAND FL			ITY-ST-	-ZIP		Chang	e Addition
TITLE	VD	☐ DELETE	2.1 T				Collang	ge
NAME	COX, JOEL M., SR.		2.2 N					
STREET ADDRESS	606 BALD EAGLE DR #301				ADDRESS		<u>~</u>	
CITY-ST-ZIP	-MARCO ISLAND FL			CITY-ST	ZIP		Chang	e Addition
TITLÉ 1000	DSEC	☐ DELETE	3.1 T				☐ Criaing	ie Dyddilloli
NAME	COX, JOEL M., JR.		3.2 N					
STREET ADDRESS					ADDRESS			1000 1901
CITY-ST-ZIP	MARCO ISLAND FL			TR-YTIC	ZIP		Chang	e Addition
TITLE	DT	☐ DÉLETE	4.1 T					ge : [[rudiuon]
NAME	FORSYTHE, JENNIFER C.			NAME				
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP	MARCO ISLAND FL		_	ITY-ST	-ZIP		["] Chees	ge Addition
TITLE	D	☐ DELETE	5.1 7				Chang	te Produtou
NAME	FORSYTHE, ROBERT W			IAME	 			
STREET ADDRESS	777				ADDRESS			
CITY-ST-ZIP	MARCO IS		_	TY-ST	-ZIP		[T] Chang	ge
TITLE	D	☐ DELETE	6.1 T				Chanç	e Pyrongoli
NAME	COX, COLLEEN W			IAME				1
STREET ADDRESS	606 BALD EAGLE DRIVE, 301				ADORESS			
CITY-ST-ZIP	MARCO ISLAND FL		6.4 0	ITY-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, with all other like empowered.

SIGNATURE: