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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

OCUMENT # Corporation Name THOMAS F. COX,	K4275 § ESQ., P.A.	5 (4)				0 441 0 184: 018)(B(B)a B1#41	* -
incipal Place of Business 248 FIRST AVE N ST. PETERSBURG FL 33701 JS		Mailing Address 248 FIRST AVE N ST. PETERSBURG FL US	. 33701					
					3. Date Incorporated or Qualified 11/02/1988		of Last F	., .
Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2667090			Not Applicable
		27			5. Certificate of Status Desired			Additional Required
City & State		Oity & State			6. Election Campaign Financing		\$5.0	O May Be
Zip	Country	28 Zip	Coun	ntn/	Trust Fund Contribution	<u> </u>		d to Fees
25	•	29	30	wy	8. This corporation has liability for Florida Statutes	intangible ta ∷ □ No	x under s	199.032,
g, Name and	Address of Current	Registered Agent			10. Name and Address of New F		Agent	
00V BH B			[4	81 Name				
COX, PAUL R. 248 1ST AVENUE NORTH			82 Street Add		ress (P.O. Box Number is Not Acceptab	ole)		····
ST. PETERSBURG FL			ļ _i	B3	· · · · · · · · · · · · · · · · · · ·			
			'	B4 City		FL	B5 Zi	p Code
familiar with, and accept th	e obligations of, Section	n 607.0505, Florida Statute	ized by the co es.	orporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of cha ointment as	inging its i registered	egistered offi Lagent, Lam
familiar with, and accept th NATURE Shrative transform		n 607.0505, Florida Statute d tilk if applicable (N	ized by the co es.	e named corpor prporation's boat gent signature require	rd of directors. I hereby accept the app	OINTMENT AS	registered	l agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (813) 891-2691