

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89880

FILED  
Mar 13, 2004  
Secretary of State

Entity Name: CONCESSIONS BY COX OF FLORIDA, INC.

**Current Principal Place of Business:**

% FLORIDA STATE FAIR AUTHORITY  
4800 UNITED STATES HWY. 301 N.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

% FLORIDA STATE FAIR AUTHORITY  
4800 UNITED STATES HWY. 301 N.  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 59-3021887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ, KRISTOPHER E ESQ  
307 SOUTH BOULEVARD  
SUITE D  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COX, CHARLES  
Address: 11303 TORREY PINE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DS ( ) Delete  
Name: COX, PATRICIA  
Address: 11303 TORREY PINE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DT ( ) Delete  
Name: COX-HICKEY, TERESA  
Address: 13033 ST. FILAGREE DR  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA COX

DS

03/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date