

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L89880

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** CONCESSIONS BY COX OF FLORIDA, INC.

**Current Principal Place of Business:**

1710 REPUBLIC DE CUBA  
TAMPA, FL 33605

**New Principal Place of Business:**

11303 TORREY PINE DR  
RIVERVIEW, FL 33579

**Current Mailing Address:**

PO BOX 76189  
TAMPA, FL 33675

**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:**

FERNANDEZ, KRISTOPHER E ESQ  
114 S. FREMONT AVE  
SUITE D  
TAMPA, FL 33606 US

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

02/16/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA A. COX

Electronic Signature of Signing Officer or Director

VP

02/16/2011

Date