

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91014 040 ***150.00

DOCUMENT # M92789

1. Entity Name
FOX COUPLINGS, INC.



Principal Place of Business
**1901 SERVICE ST.
JACKSONVILLE, FL 32207**

Mailing Address
**1901 SERVICE ST.
JACKSONVILLE, FL 32207**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2906511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HARRELL, WILLIAM H.
1901 SERVICE STREET
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRELL, WILLIAM H.
STREET ADDRESS	1901 SERVICE ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	HARRELL, BARBARA H.
STREET ADDRESS	1901 SERVICE ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DP D
NAME	ALLCORN, FRANK V., IV
STREET ADDRESS	1901 SERVICE ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	S, T
NAME	JANICE M. ANTIC
STREET ADDRESS	1901 Service St.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H Harrell

4/26/04

Date

(904) 398-7177

Daytime Phone #