2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90034 027 ***150.00

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1. Entity Name
HICKOX ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10959 SCOTT MILL RD. JACKSONVILLE, FL 32223-6514	10959 SCOTT MILL RD. JACKSONVILLE, FL 32223-6514

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
11247 San Jose Blvd.		11247 San Jose Blvd.	
Suite, Apt. #, etc.: Apt. #2007		Suite, Apt. #, etc.: Apt #2007	
City & State: Jacksonville, FL		City & State: Jacksonville, FL	
Zip: 32223	Country: USA	Zip: 32223	Country: USA

4. FEI Number: 59-3759778 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HICKOX, ROBERT H
10959 SCOTT MILL RD.
JACKSONVILLE, FL 32223-6514

7. Name and Address of New Registered Agent

Name: Hickox, Robert H.
Street Address (P.O. Box Number is Not Acceptable): 11247 San Jose Blvd., #2007
City: Jacksonville FL Zip Code: 32223

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] ROBERT H. HICKOX 3-11-04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST HICKOX, ROBERT 10959 SCOTT MILL RD JACKSONVILLE, FL 322236514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Hickox, Robert 11247 San Jose Blvd., #2007 Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HICKOX, LYNNE G 10959 SCOTT MILL RD JACKSONVILLE, FL 322236514	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hickox, Lynne G 11247 San Jose Blvd., #2007 Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] ROBERT H. HICKOX 3/11/04 904-880-6574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #