

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:51

DOCUMENT # P92000009991 (0)

1. Corporation Name

COXHEAD & SIMS, INC.

Principal Place of Business

**685 HARBOR ISLAND
CLEARWATER FL 34630**

Mailing Address

**685 HARBOR ISLAND
CLEARWATER FL 34630**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/08/1992** 3a. Date of Last Report **06/14/1994**

4. FEI Number **59-3159589** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COXHEAD, RALPH N
685 HARBOR ISLAND
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

837E. Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE
NAME **P
SIMS, LARRY**
STREET ADDRESS **685 HARBOR ISLAND
CLEARWATER FL**
CITY, ST, ZIP

1. 1 TITLE
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY, ST, ZIP

TITLE
NAME **I
COXHEAD, RALPH N**
STREET ADDRESS **685 HARBOR ISLAND
CLEARWATER FL**
CITY, ST, ZIP

2. 1 TITLE Change Addition
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. 1 TITLE Change Addition
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. 1 TITLE Change Addition
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. 1 TITLE Change Addition
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. 1 TITLE Change Addition
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recipient of business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR

Larry G. Sims

3/31/95

815-443-4499