

DOCUMENT # P92000009991

1. Entity Name
COXHEAD & SIMS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90009 050 ***150.00

Principal Place of Business 685 HARBOR ISLAND CLEARWATER FL 34630	Mailing Address 685 HARBOR ISLAND CLEARWATER FL 34630
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 350 WINDWARD PASSAGE Suite, Apt. #, etc. CLEARWATER, FL 93167 Country	3. Mailing Address 350 WINDWARD PASSAGE Suite, Apt. #, etc. CLEARWATER, FL 93167 Country
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4. FEI Number 59-3159589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMS, LARRY
670 ISLAND WAY
STE 600
CLEARWATER FL 33767

7. Name and Address of New Registered Agent
Name: LARRY E SIMS
Street Address (P.O. Box Number, if applicable): 350 WINDWARD PASSAGE
City: CLEARWATER FL Zip: 93167

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.
SIGNATURE: *[Signature]* DATE: 1/6/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P. SIMS, LARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, LARRY		NAME	350 WINDWARD PASSAGE	
STREET ADDRESS	143 BAYSIDE DRIVE		STREET ADDRESS	CLEARWATER, FL 33767	
CITY-ST-ZIP	CLEARWATER FL 33767		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COXHEAD, RALPH N		NAME		
STREET ADDRESS	685 HARBOR ISLAND		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *[Signature]* DATE: 1/6/01 DAYTIME PHONE: 727-443-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)