

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000050380 (3)

1. Corporation Name

FOX MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

WM. DAVID FOX, CMP. FOX MANAGEMENT, INC.  
449 CHERRYWOOD GARDENS DR.  
MAITLAND FL 32751  
US

WM. DAVID FOX, CMP. FOX MANAGEMENT, INC.  
449 CHERRYWOOD GARDENS DR.  
MAITLAND FL 32751  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FOX, WILLIAM D  
1950 LEE RD  
STE 115  
WINTER PARK FL 32789

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

04/17/1995

4. FEI Number

59-3191858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

Fox, William D.

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

211 White Oak Circle

83

84

City Maitland

FL

85

Zip Code

32751

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)

(Typed, Registered Agent signature, name, title and date)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME FOX, WILLIAM D  
STREET ADDRESS 1950 LEE RD., STE. 155  
CITY- ST- ZIP WINTER PARK FL

TITLE VSD ☐ DELETE  
NAME FOX, TONI J  
STREET ADDRESS 1950 LEE RD., STE. 155  
CITY- ST- ZIP WINTER PARK FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 449 CHERRYWOOD GARDENS DR  
1.4 CITY- ST- ZIP Maitland FL 32751

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 211 White Oak Circle  
2.4 CITY- ST- ZIP Maitland FL 32751

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 exemption 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. David Fox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

407-382-1617

Date

Daytime Phone #

CR2E034 (12/95)