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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32751-3418  
US



2. Principal Place of Business

21 623 Red Oak Circle

Suite, Apt. #, etc.

22 #105

City & State

23 ALTAMONTE SPRINGS

Zip

24 32701

Country

25

2a. Mailing Address

26 623 Red Oak Circle

Suite, Apt. #, etc.

27 #105

City & State

28 ALTAMONTE SPRINGS

Zip

29 32701

Country

30

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

03/28/1996

4. FEI Number

59-3181858

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

9. Name and Address of Current Registered Agent

FOX, WILLIAM D.  
211 WHITE OAK CIRCLE  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

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

623 RED OAK CIRCLE

83 #105

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32701

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

William D. Fox

William David Fox

Feb 10, 1997

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE  
NAME FOX, WILLIAM D  
STREET ADDRESS 449 CHERRYWOOD GARDENS DR  
CITY - ST - ZIP MAITLAND FL

TITLE VSD ☐ DELETE  
NAME FOX, TOM J  
STREET ADDRESS 211 WHITE OAK CIRCLE  
CITY - ST - ZIP MAITLAND 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 623 RED OAK CIRCLE #105  
1.4 CITY - ST - ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William David Fox

2-10-97

407-260-7020

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

0000078

CR2E034 (9/96)