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FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000016275 (7)

1. Corporation Name
FOXCO, INC.



Principal Place of Business

Mailing Address

~~8800 MEADOWRUN CIR~~
~~VENICE FL 34293~~

~~3303 MEADOWRUN CIR~~
~~VENICE FL 34293~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1994

2. Principal Place of Business

21 2929 SPRING ST # P

Suite, Apt. #, etc.

22 MARIANNA, FLORIDA

City & State

23

Zip

24 32446

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 255

Suite, Apt. #, etc.

27 MARIANNA, FLORIDA

City & State

28

Zip

29 32447-0255

Country

30 U.S.A.

4. FEI Number

65-0472147

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOX, MAURICE

~~8800 MEADOWRUN CIR~~
~~VENICE FL 34293~~

10. Name and Address of New Registered Agent

81 Name

MAURICE FOX

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

2929 SPRING STREET

83 APT # P

84 City

MARIANNA

FL

85 Zip Code

32446

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D FOX, MAURICE

STREET ADDRESS ~~8800 MEADOWRUN CIR~~

CITY-ST-ZIP ~~VENICE FL 34293~~

TITLE ☐ DELETE

NAME D FOX, RITA

STREET ADDRESS ~~8800 MEADOWRUN CIR~~

CITY-ST-ZIP ~~VENICE FL 34293~~

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

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 2929 SPRING STREET # P

1.4 CITY-ST-ZIP MARIANNA, FL 32446

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2929 SPRING STREET # P

2.4 CITY-ST-ZIP MARIANNA, FL 32446

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 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:

Dta Fox (Rita Fox) Dps

3/16/98

850-526-1210

CP2E034 (10/97)