

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000020338 (7)

1. Corporation Name

DENNIS COX ENTERPRISES, INC.



Principal Place of Business

2809 E. ALBRITTON ROAD
PLANT CITY FL 33565

Mailing Address

2809 E. ALBRITTON ROAD
PLANT CITY FL 33565

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 337

26 P.O. Box 337

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Kathleen, FL

28 Kathleen, FL

24 33849

Country

29 33849

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

02/22/1995

4. FEI Number

59-3260511

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

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 the applicable date

(Print) Registered Agent Signature required when registering

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
COX, DENNIS L
STREET ADDRESS P.O. BOX 337
CITY - ST - ZIP KATHLEEN FL 33849 (N/A)

TITLE ☐ DELETE

NAME SD
COX, DENNIS L
STREET ADDRESS P.O. BOX 337
CITY - ST - ZIP KATHLEEN FL 33849 (N/A)

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

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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-05/21/96--01037--005
***200.00

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:

Dennis L. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

911-683-1525

Daytime Phone #

CR2E034 (12/95)