FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P9400020338 DENNIS COX ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 337 P.O. BOX 337 KATHLEEN FL 33849 KATHLEEN FL 33849 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Zip Country Country 25 29 30 9. Name and Address of Current Registered Agent 81 Name

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90017 011 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/11/1994 Applied For 59-3260511 Not Applicable \$8.75 Additional 22 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible 24 Personal Property Tax. Yes □No 10. Name and Address of New Registered Agent MARTIN, E. SNOW JR. 200 LAKE MORTON DR. Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City 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 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 red 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition COX, DENNIS L NAME 1.2 NAME P.O. BOX 337 N/A STREET ADDRESS 1.3 STREET ADDRESS KATHLEEN FL 33849 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2.1 T/TLE ☐ Change ☐ Addition COX: DENNIS L NAME 2.2 NAME P.O. BOX 337 N/A STREET ADDRESS 2.3 STREET ADDRESS KATHLEEN FL 33849 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Addition ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

941-683-1525

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