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Secretary of State

PROFIT
*CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000002464

1. Corporation Name

C.O.X INC.

Principal Place of Business / Mailing Address

1003 N. Monroe St.
Tallahassee FL. 32303

3. Date Incorporated or Qualified: Jan 10 1995
3a. Date of Last Report: April 1996

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-3287773 ☐ 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

Charles Justin Lawson
2006 Woodstock Ln.
Tallahassee FL. 32303

10. Name and Address of New Registered Agent

81 Name: David A. Schrenk
82 Street Address (P.O. Box Number is Not Acceptable): 5415 Watervalley Ct.
83 City: Tallahassee FL. 32303
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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 4/7/97
(Attorney typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE N/A NAME Charles Justin Lawson STREET ADDRESS 2006 Woodstock Ln. CITY-ST-ZIP Tallahassee FL. 32303	☒ DELETE	1.1 TITLE VP 1.2 NAME James Brian Landrum 1.3 STREET ADDRESS Vice President 1.4 CITY-ST-ZIP 3815 Bobbin Mill Rd Tallahassee Fl, 32312	☐ Change ☒ Addition
TITLE P. NAME David A. Schrenk STREET ADDRESS 5415 Watervalley ct. CITY-ST-ZIP Tallahassee FL. 32303	☐ DELETE	2.1 TITLE V.P. 2.2 NAME Steven C. Souders 2.3 STREET ADDRESS 1631 East Call St. Apt. 409 2.4 CITY-ST-ZIP Tallahassee FL 32301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition CC 4/9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002138581 -04/10/97--01001--039 ***165.00

CR2E034 (9/96)

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: [signature] David A. Schrenk 4/7/97 222-2774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #