

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000062902

Entity Name: J.S. COX, INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

8145 MIDDLE FORK WAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8145 MIDDLE FORK WAY
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3334768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, J. SHELBY
8145 MIDDLE FORK WAY
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J. SHELBY COX

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCTD () Delete
Name: COX, J. SHELBY
Address: 8145 MIDDLE FORK WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPSP () Delete
Name: COX, WELLS, VICKI
Address: Y
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSP (X) Change () Addition
Name: COX, VICKI W
Address: 8145 MIDDLE FORK WAY
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. SHELBY COX

Electronic Signature of Signing Officer or Director

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05/04/2009

Date