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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083966 (8)

1. Corporation	и мате				(-,							
COX ENGINEERING & ASSOCIATES, INC.												
Principal Plac	e of Busines	ss		Mailing A	ddress				-{			
1318 CALMETTO AVE 1318 PALMETTO AVE												
WINTER PARK FL 32789-4916 WINTER PARK FL 32789-49									DO NOT WRITE IN THIS SPACE			
US US									3. Date Incorporated or Qualified			
\									10/20/1995			
2. Principal Place of Business 2a. Mailing Address									4. FEI Number	Ar	oplied For	
21				26					59-3344002		t Applicable	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.							Additional	
22				27					Fee Required			
City & Stat	.0			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country				Zip Country			trv		8. This corporation owes or has paid the current year Intangible			
24 25		•			30			Personal Property Tax due June 30. Yes. No				
									t			
COX, EDDIE L							B1	Name				
	LAKE DRI						32	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
CH	uluota fi	L 32	766									
Į						Ľ	33			<u>ىب د دې</u>		
						1	84	City	FL 85	Zip (Code	
11. Pursuant	to the provis	ions	of Sections 607,050	2 and 607.1508	8, Florida Statu	ites, the abo	ove	-named corpo	oration submits this statement for the purpose of char	nging it	s registered	
agent, I a	egistered at ım familiar w	ith, a	or both, in the state nd accept the obliga	of Florida, Sub ations of, Section	on 607.0505, F	lorida Statu	tes	rine corporation.	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointm	ien as	redistered	
SIGNATURE	Division in the second			Lable Messawa		TE Berliner		nt signature require	od when reinstating) DATE	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
12.	Signature, typed or printed name of registered agent and fille if applicable. (IX) OFFICERS AND DIRECTORS					13.	Agei	ik signaturo require	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOR	S IN 12	
TITLE	D				DELETE	1,1 TITL	E			change	Addition	
NAME	COX, ED	DIE.	L			1.2 NAM	Œ					
STREET ADDRESS					1.3 :			ADDRESS				
CITY-ST-ZIP	ST-ZIP CHULUOTA FL 32766							T-ZIP				
TITLE					☐ DELETE	2.1 TITL	E	į		Change	☐ Addition	
NAME						2.2 NAN	-					
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP					DELETE	2. 4 CIT		ST-ZIP	·	hange	☐ Addition	
TITLE					☐ nerett	3.1 TITL 3.2 NAM			· L	1 KELIĞE	AUURIUR	
NAME							-	ADORESS				
Street Address City-St-Zip						3.4. CIT						
TITLE					DELETE	4.1 TITE		11-237		hange	Addition	
NAME					_	4. 2 NA	νE			-		
STREET ADDRESS						4.3 STR	EET /	ADDRESS				
CITY-ST-ZIP						4.4 CiTY	′- ST	T-ZIP				
TITLE					DELETE	5.1 TiTL				hange	Addition	
NAME						5.2 NAM	Æ				ļ	
STREET ADDRESS						5.3 STR	EET /	ADDRESS				
CITY+ST-ZIP						5.4 CITY	′-ST	T-ZIP				
TITLE					DELETE	6.1 TITL	E			hange	. Addition	
NAME						6.2 NAM						
Street Aodress						6.3 STRI	EET /	ADDRESS				

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 truestee 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:

1/5/98

407-628-3335

FILED

Jan 16 1998 8:00am

Secretary of State