

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P95000086378 (3)**

1. Corporation Name
FOX DEN OF COSBY, INC.



Principal Place of Business
**3140 LINDEN AVENUE
GULF BREEZE FL 32561**

Mailing Address
**3140 LINDEN AVENUE
GULF BREEZE FL 32561-5301**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1995		3a. Date of Last Report 05/21/1996	
21 3156 Linden Ave		26 Same		4. FEI Number 59-3362945		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Gulf Breeze FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32561		25 Country Santa Rosa		29 Zip		30 Country	
9. Name and Address of Current Registered Agent HINKLE, EDMOND R 3140 LINDEN AVENUE GULF BREEZE FL 32561				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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE D <input type="checkbox"/> DELETE						1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME HINKLE, EDMOND R						1.2 NAME					
1.3 STREET ADDRESS 3140 LINDEN AVENUE						1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP GULF BREEZE FL 32561						1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE						2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME						2.2 NAME					
2.3 STREET ADDRESS						2.3 STREET ADDRESS					
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6.3 STREET ADDRESS						6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP						6.4 CITY-ST-ZIP					

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 and dated 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:

Lisa M Hinkle 4-20-97 Lisa M Hinkle 428-487-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0489861

CR2E034 (9/96)