

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000087676 (9)**

1. Corporation Name  
**FLOX SERVICES, INC.**



Principal Place of Business: **7731 OLD FLORAL CITY RD. FLORAL CITY FL 34436**  
Mailing Address: **7731 OLD FLORAL CITY RD. FLORAL CITY FL 34436**

3. Date Incorporated or Qualified: **11/14/1995**  
3a. Date of Last Report: **NA**  
4. FET Number:  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

2. Principal Place of Business: **8405 N Pine Haven Pt**  
2a. Mailing Address: **P.O. Box 1372**  
21. Suite, Apt. #, etc.:  
22. City & State: **Crystal River FL**  
23. City & State: **Crystal River FL**  
24. Zip: **34428** 25. Country: **CITRUS** 29. Zip: **34423** 30. Country: **CITRUS**

9. Name and Address of Current Registered Agent  
**KOVACH, MICHAEL T  
7731 OLD FLORAL CITY RD.  
FLORAL CITY FL 34436**

10. Name and Address of New Registered Agent  
81. Name: **YOUNG SCOTT STANTON**  
82. Street Address (P.O. Box Number is Not Acceptable): **8405 N Pine Haven Pt**  
83. City: **Crystal River** 84. State: **FL** 85. Zip Code: **34428**

11. Pursuant to the provisions of Sections 607.01(2) 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *Young Scott Stanton*; **YOUNG SCOTT STANTON - PRESIDENT** 4-26-96  
Date

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOVACH, MICHAEL T</b>	
STREET ADDRESS	<b>7731 OLD FLORAL CITY RD.</b>	
CITY-ST-ZIP	<b>FLORAL CITY FL 34436</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	<b>P YOUNG SCOTT STANTON</b>	
13. STREET ADDRESS	<b>8405 N PINE HAVEN PT</b>	
14. CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Young Scott Stanton*; **YOUNG SCOTT STANTON - PRESIDENT** 4-26-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)