

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000092898

1. Entity Name
RANDY COX TILE, INC.



Principal Place of Business
6370 US HWY 1
UNIT #2
SAINT AUGUSTINE, FL 32092

Mailing Address
2210 AVIAN PLACE
JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3351389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, RANDY B
2210 AVIAN PLACE
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000954552
07/14/08-800000-009-150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COX, RANDY B
2210 AVIAN PLACE
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
COX, KRISTIN
2210 AVIAN PLACE
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
COX, ROY D
2210 AVIAN PLACE
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy B. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy B. Cox

7/10/2008 (904) 545-5522
Date Daytime Phone #