

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

044372

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90044 048 \*\*\*150.00

| PROFIT CORPORATION ANNUAL REPORT 1999   |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS       |  |
|---|--|---|--|
| <b>DOCUMENT # P97000047023</b>  |  |   |  |
| 1. Corporation Name<br><b>COX &amp; COX, INC.</b>   |  |   |  |
| Principal Place of Business<br><b>21301 S TAMiami TR<br/>STE 300<br/>ESTERO FL 33928<br/>US</b>   |  | Mailing Address<br><b>13621 EAGLE RIDGE DR<br/>STE 1536<br/>FT MYERS FL 33912<br/>US</b>                |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  |
| 21  |  | 26  |  |
| Suite, Apt #, etc   |  | Suite, Apt #, etc   |  |
| 22  |  | 27  |  |
| City & State  |  | City & State  |  |
| 23  |  | 28  |  |
| Zip Country   |  | Zip Country   |  |
| 24 25   |  | 29 30   |  |
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent  |  |
| <b>COX, J. WAYNE<br/>1448 NORTH U.S. HIGHWAY 41<br/>INVERNESS FL 34450</b>  |  | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature, typed or printed name of registered agent and title if applicable   |  |   |  |
| NOTE: Registered Agent Signature Required when reappointing   |  |   |  |
| DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE <input type="checkbox"/> DELETE   |  | 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |
| NAME <b>COX, J. WAYNE</b>   |  | 12 NAME <b>13621 Eagle Ridge DR. STE. 1536</b>  |  |
| STREET ADDRESS <b>1448 NORTH U.S. HIGHWAY 41</b>  |  | 13 STREET ADDRESS <b>FT. MYERS, FL 33912</b>  |  |
| CITY-ST-ZIP <b>INVERNESS FL 34450</b>   |  | 14 CITY-ST-ZIP  |  |
| 21 TITLE <input type="checkbox"/> DELETE  |  | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 22 NAME   |  | 22 NAME   |  |
| 23 STREET ADDRESS   |  | 23 STREET ADDRESS   |  |
| 24 CITY-ST-ZIP  |  | 24 CITY-ST-ZIP  |  |
| 31 TITLE <input type="checkbox"/> DELETE  |  | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 32 NAME   |  | 32 NAME   |  |
| 33 STREET ADDRESS   |  | 33 STREET ADDRESS   |  |
| 34 CITY-ST-ZIP  |  | 34 CITY-ST-ZIP  |  |
| 41 TITLE <input type="checkbox"/> DELETE  |  | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 42 NAME   |  | 42 NAME   |  |
| 43 STREET ADDRESS   |  | 43 STREET ADDRESS   |  |
| 44 CITY-ST-ZIP  |  | 44 CITY-ST-ZIP  |  |
| 51 TITLE <input type="checkbox"/> DELETE  |  | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 52 NAME   |  | 52 NAME   |  |
| 53 STREET ADDRESS   |  | 53 STREET ADDRESS   |  |
| 54 CITY-ST-ZIP  |  | 54 CITY-ST-ZIP  |  |
| 61 TITLE <input type="checkbox"/> DELETE  |  | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |  |
| 62 NAME   |  | 62 NAME   |  |
| 63 STREET ADDRESS   |  | 63 STREET ADDRESS   |  |
| 64 CITY-ST-ZIP  |  | 64 CITY-ST-ZIP  |  |

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 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, with all other like empowered

SIGNATURE: J. Wayne Cox J. Wayne Cox 3/15/99 941-561-6970  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)