

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000103007 (5)**

1. Corporation Name

**THE JAMES COX COMPANY**

Principal Place of Business

**1219 LINDENWOOD LANE  
WINTER PARK FL 32782**

Mailing Address

**215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/08/1997**

4. FEI Number

**59-3481868**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

**29** **30**

9. Name and Address of Current Registered Agent

**WETTACH, JOHN T JR  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

**81** Name **James Cox**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**1219 Lindenwood Lane**

**83**

**84** City **Winter Park**

**FL** **85** Zip Code  
**32792**

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

Signature of officer or director of corporation and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/5/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME** **COX, JAMES**  
**STREET ADDRESS** **1219 LINDENWOOD LANE**  
**CITY-ST-ZIP** **WINTER PARK FL 32782**

TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME** **PRESIDENT & DIRECTOR**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 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 in an attachment with an address.

SIGNATURE:

**James Cox**

**2/5/98**

**407  
647/511**

CR2E034 (10/97)