FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 8:08

DOCUMENT # **S44835** **(4)**

1. Corporation Name
COX & GAYLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1110 HIGHWAY A1A SATELLITE BEACH FL 32934	1110 HIGHWAY A1A SATELLITE BEACH FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1991
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business	2a. Mailing Address
21 33 Suntree Place	26 33 Suntree Place
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27 A
City & State 23 Melbourne, FL	City & State 28 Melbourne, FL
Zip / Country 24 32940 / 25 USA	Zip / Country 29 32940 / 30 USA

4. FEI Number: 59-3113462 — 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 Fund
8. This corporation has liability for intangible tax under S. 199.0 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HANNON, JAMES T
1110 HWY. A1A
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name: HANNON, James T.
82 Street Address (P.O. Box Number is Not Acceptable): 33 A Suntree Place
83
84 City: Melbourne FL 85 Zip Code: 329

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: James T. Hannon — 6/10/95
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	HANNON, JAMES	12 NAME	
STREET ADDRESS	1110 HWY. A1A	13 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	MUELLER, BESS	22 NAME	
STREET ADDRESS	2347 BROOKSIDE WAY	23 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: James T. Hannon — 6/17/95 — (407) 253-9839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000721 CP