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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



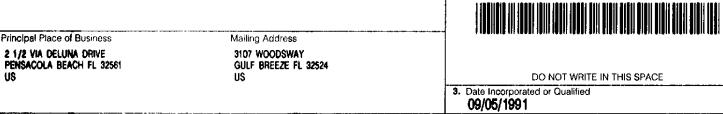
FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S78775 (1)

COX VENTURES III, INC.

**FILED** May 13 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				4 embitett att emme ibeit ident beit difft difft difft difft difft difft if difft			
2 1/2 VIA DELUNA DRIVE 3107 WOODSWAY									
PENSACOLA BEACH FL 32561		GULF BREEZE FL 32524							
US		U\$				-	DO NOT WRITE IN THIS S	PACE	<del>"</del>
						1	Date Incorporated or Qualified 09/05/1991		
<b>—</b>	Place of Business	2a. Mailing Address				4.	FEI Number	1	Applied For
21		26			ļ	59-3158526		Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & Stat	0	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28	,				Trust Fund Contribution		to Fees
Ζίρ	Country	Zip	Cou	ntry		+	This corporation owes or has paid the cur		
24	25	29 3	0						□No
	9. Name and Address of Curre		<u>-</u>				Name and Address of New Registered	Agent	
CO	X, CHAN E			81	Name				
	7 PINETREE		}	82	Street Addre	ace /D	2.O. Box Number is Not Acceptable)		
GU	ULF BREEZE FL 32561			ŞZ	SHEEL MUUIE	200 (F.	.o. box Number is Not Acceptable)		
			ľ	83	<del></del>				1
			[.	-				11	
				84	City		FL	85   Zip	Code
11. Pursuant office or r	to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes	the ab	ove	named corpo	oratior	n submits this statement for the purpose of poard of directors. I hereby accept the app	changing	its registered
agent. I a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flori	da Stati	utes			ulal	^_	
SIGNATURE	_ man ()	<b>X</b>					41301	78	
12.		ot and title if applicable (NOTE: D DIRLCTORS	13.	Ager	nt signature required		reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE	1,1 (()	LF.			ADDITIONS/OFFINITED TO OFFICE AND	Change	
NAME	COX, CHAN E	_	1.2 NAME						_
STREET ADDRESS	207 PINETREE				ADDRESS		•		
CITY-ST-ZIP	GULF BREEZE FL		1.4 CIT						
TITLE	VO	DELETE	2.1 TIT		- 211			Change	☐ Addition
NAME	MONTGOMERY, ROBERT	<b></b> = ==::=	l l	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
STREET ADORESS	3701 CYLON DRIVE								
CITY-ST-ZIP	GULF BREEZE FL								
TITLE		DELETE	3.1 TIT		1-211			Change	Addition
NAME		<b>—</b>	3.2 NAME						
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			3.4. CI						
TITLE		DELETE	4.1 TIT		4-11			Change	☐ Addition
NAME			4. 2 NA						
STREET ADDRESS					address				
CITY-ST-ZIP			4.4 CIT						
TITLE		DELETE	5.1 TITLE		<u> </u>			Change	Addition
NAME		_	5.2 NA						
STREET ADDRESS					address				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE	6.1 TIT					Change	☐ Addition
NAME			6.2 NA					•	
STREET ADDRESS					ADDRESS				
DITU OF TO			0.0 011		55,200				

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 given attachment with an address.