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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90002 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V51700

1. Corporation Name
FOX & ASSOCIATES, INC.

Principal Place of Business

**8902 NORTH DALE MABRY HIGHWAY
SUITE 101
TAMPA FL 33614**

Mailing Address

**8902 NORTH DALE MABRY HIGHWAY
SUITE 101
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1992

4. FEI Number

59-3132142

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8910 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

22 Suite 17

City & State

23 Tampa, Florida

Zip

24 33614

Country

25 US

2a. Mailing Address

26 8910 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

27 Suite 17

City & State

28 Tampa, Florida

Zip

29 33614

Country

30 US

9. Name and Address of Current Registered Agent

**FOX, ALLAN L.
8902 N. DALE MABRY HIGHWAY
SUITE 101
TAMPA, FL. 33614**

10. Name and Address of New Registered Agent

**81 Name
Same as before - Allan L. Fox**

**82 Street Address (P.O. Box Number is Not Acceptable)
8910 N. Dale Mabry Hwy.**

83 Suite 17

**84 City
Tampa**

FL

**85 Zip Code
33614**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FOX, JEFFREY D.**
STREET ADDRESS **8902 N. DALE MABRY HWY.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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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 **PD** ☒ Change ☐ Addition
1.2 NAME **Fox, Jeffrey D.**
1.3 STREET ADDRESS **8910 N. Dale Mabry Hwy.**
1.4 CITY-ST-ZIP **Tampa, Florida 33614**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99
Date

813-933-3300
Daytime Phone #

CR2E034 (11/98)