

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
25 JUN 1995 10:00

DOCUMENT # 851071 (1)

1. Corporation Name  
**PRESTON HIX COMPANY**

Principal Place of Business Mailing Address  
682 NORSEMAN DRIVE 682 NORSEMAN DRIVE  
PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>11/18/1981</b>		3a. Date of Last Report <b>04/27/1994</b>	
2. Principal Place of Business <b>21</b>		4. FEI Number <b>59-2140209</b>	
2a. Mailing Address <b>26</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip <b>29</b>	Country <b>30</b>		

9. Name and Address of Current Registered Agent <b>HIX, PRESTON D. 682 SE NORSEMAN DR. PORT ST LUCIE FL 34984</b>		10. Name and Address of New Registered Agent	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	
		FL B5 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 \_\_\_\_\_  
(Signature typed in printed form of registered agent and the address) (Signature typed in printed form of registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	PST HIX, PRESTON D 682 SE NORSEMAN DR. PORT ST LUCIE FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HIX, PRESTON D 682 SE NORSEMAN DR. PORT ST LUCIE FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V HIX, THOMAS P % 682 SE NORSEMAN DR PT ST LUCIE FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(g), 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: *Preston D. Hix* 5-29-95 4078787611  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (System Print)