

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Suicide B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **851071** (1)

1. Corporation Name
PRESTON HIX COMPANY



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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 County
25
2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 County
30
9. Name and Address of Current Registered Agent

3. Date Incorporation For Current Report **11/18/1981**
3a. Date of Last Report **06/02/1995**
4. FEIN Number **59-2140209**
Applied For Not Applicable
5. Certificate of State Delinquency **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. The corporation is a liability limited entity for purposes of Florida's 1991.032 chapter 218.
 Yes No
10. Name and Address of New Registered Agent

**HIX, PRESTON D.
682 SE NORSEMAN DR.
PORT ST LUCIE FL 34984**

81 Name
82 Street Address of Office (Not Applicable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 601.01 and 601.02, Florida Statutes, the undersigned certifies that the information furnished by the corporation for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change was authorized by the corporate officers and directors, if they so voted the appointment as registered agent, and familiar with, and except the ordinary course of business of the corporation.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HIX, PRESTON D		
STREET ADDRESS	682 SE NORSEMAN DR.		
CITY, ST, ZIP	PORT ST LUCIE FL		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HIX, PRESTON D		
STREET ADDRESS	682 SE NORSEMAN DR.		
CITY, ST, ZIP	PORT ST LUCIE FL		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	HIX, THOMAS P		
STREET ADDRESS	% 682 SE NORSEMAN DR		
CITY, ST, ZIP	PT ST LUCIE FL		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

14. I do hereby certify that the information supplied by the corporation is true and correct to the best of my knowledge and belief. I am a duly qualified officer or director of the corporation and I am familiar with the information furnished by the corporation for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change was authorized by the corporate officers and directors, if they so voted the appointment as registered agent, and familiar with, and except the ordinary course of business of the corporation.

SIGNATURE: *Preston D. Hix* **PRESTON D. Hix** 4-2-96 4078787611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)