

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 225850

1. Entity Name

HCE CORPORATION

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90904 040 ***150.00

Principal Place of Business
1900 5TH ST. NW
POST OFFICE BOX 3036
WINTER HAVEN FL 33881-2106

Mailing Address
1900 5TH ST. NW
POST OFFICE BOX 3036
WINTER HAVEN FLA 33881-2106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-0870657	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIXON, GERALD
1900 FIFTH ST.,N.W.
WINTER HAVEN FL 33880

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MIXON, KEITH D			NAME			
STREET ADDRESS	3281 SR 546, EAST			STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL 33844			CITY-ST-ZIP			
TITLE	PD	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	MIXON, GERALD SR			NAME			
STREET ADDRESS	1900 FIFTH ST.,N.W.			STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH D. MIXON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
Date

Daytime Phone #

CR2E034 (9/99)