

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2: 04

DOCUMENT # 296106 (8)

1. Corporation Name

MIXON FOUNDATION & DRILLING INC

Principal Place of Business

5006 N RENELLIE DR
TAMPA FL 33614

Mailing Address

5006 N RENELLIE DR
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/20/1965

3a. Date of Last Report

01/19/1994

4. FEI Number

59-1101404

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 has liability for intangible tax under S. 199.032,
Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MIXON, LOUIS W
3710 WATROUS
TAMPA FL 33629**

10. Name and Address of New Registered Agent

81 Name

DOROTHY L. ROBERTS

82 Street Address (P.O. Box Number is Not Acceptable)

3418 SAN JUAN

83

84 City

TAMPA

FL

85 Zip Code

33629

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

Dorothy L. Roberts
Signature, typed or printed name of registered agent and title if applicable.

Dorothy L. Roberts
(If not a registered agent signature required when reinstating)

DATE

1/25/95

12. OFFICERS AND DIRECTORS

TITLE

VD

NAME

MIXON, LOUIS W

STREET ADDRESS

12401 N 22ND ST

CITY-ST-ZIP

TAMPA FL

TITLE

PD

NAME

MIXON, WILLIAM D

STREET ADDRESS

5006 N RENELLIE DR

CITY-ST-ZIP

TAMPA FL

TITLE

SD

NAME

ROBERTS, DORTHY L

STREET ADDRESS

3418 SAN JUAN

CITY-ST-ZIP

TAMPA FL

TITLE

TD

NAME

MIXON, NORA L

STREET ADDRESS

12401 N 22ND ST

CITY-ST-ZIP

TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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:

Dorothy L. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95 813 872-6556