

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/11/2 005-90001-026-\$150.00-\$150.00

DOCUMENT # 556987 1. Entity Name JIM MIXON INSURANCE, INC.				 FILED 05 OCT 10 AM 11:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1st MOORE CR2ED34 (10/04)	
Principal Place of Business 5412 MARINA DRIVE HOLMES BEACH FL 34217 US		Mailing Address 5412 MARINA DRIVE HOLMES BEACH FL 34217 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1783015	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIXON, JIM 520 77TH STREET HOLMES BEACH FL 34217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				DATE	
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MIXON, JIM 520 77TH STREET HOLMES BEACH FL				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MIXON, PATRICIA T. 520 77TH STREET HOLMES BEACH FL				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MIXON, MARK C 213 84TH STREET HOLMES BEACH FL				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
[Large handwritten signature and date 10/1/2]					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(b), 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 of assets empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					

To: Kansas Department of State
Division of Corporations
P.O. Box 6327
Topeka, KS 66614-6198

WLC

October 5, 2005

To Whom It May Concern:

Per my phone conversation with Kathy Ashton,
I am restating my reason for calling her.
I have had a turn over in office personnel since
October, 2004. I have trained and fired
rehired hired new people etc for the past
year and many different people were
assigned the task of opening the mail. My
husband and I were both hospitalized and
I was in and out of our office. I was never given
any annual report form (which I always handle)
and a copy of the report my son Mark signed and
returned is attached. (No date notation) - When
the office notified me on August 1st, I mailed the
report along with my office check #2770 in the amount
of \$150.00, along with a letter stating I had never
received the original form and was not going to
pay a \$500.00 fee. This was after trying for three
days to reach someone in your office by phone.
I was put on hold for 42 minutes 42
minutes before I reached Kathy today, then she
put me on hold while she checked with her
supervisor and 20 minutes later I was discon-
nected. I called back again and waited another
12 minutes to reach Kathy. Please consider this
my request for reinstatement of our corporation.

Patricia L. Nixon

I may be reached at 802-988-4398 (patricia's home)