2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 20, 2004 08:00 AM **DOCUMENT # F00000006868** Secretary of State BLONDHEIM & MIXON, INC. Principal Place of Business Mailing Address 240 EAST BROAD STREET 240 EAST BROAD STREET EUFAULA, AL 36027 EUFAULA, AL 36027 %<,,,,,,,2424F& No Chg-P CR2E034 (10/03) 01152004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0835935 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOWICK, ROBERT M DO NOT WRITE 617 MAGNOLIA DRIVE DESTIN, FL 32541 IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME MIXON, FRANKLIN G 423 N. EUFAULA AVENUE STREET ADDRESS CITY-ST-ZIP EUFAULA, AL U000000008512 me 01/20/04-80064-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 regeiver or trustee 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 attachier with fan abdress, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

-11.04

334-687-8057

Daytime Phone

FILED