FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** 04-19-1999 90023 038 ***150.00

1999 DOCUMENT # F95000004674 1. Corporation Name MXI, INC. Mailing Address Principal Place of Business 12881 HUNT CLUB NORTH 12881 HUNT CLUB NORTH JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/25/1995 31-1430901 Applied For 4. FEI Number 2. Principal Place of Business 2a, Mailing Address NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zip □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MADDOX, JOHN C Street Address (P.O. Box Number is Not Acceptable) 82 12881 HUNT CLUB NORTH JACKSONVILLE FL 32224 83 Zip Code 84 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition **PSTD** □ DELETE 1.1 TITLE TITLE MADDOX, JOHN C 1.2 NAME NAME 1.3 STREET ADDRESS 12881 HUNT CLUB NORTH STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition ☐ Change DELETE 3,1 TITLE TI7LE 3,2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3,4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 41 TITLE TILLE 4, 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 76 V. 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 13.64 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6,3 STREET ADDRESS

14. 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 annual report or supplemental 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 of 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

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

JGMAMADDOX

2236944

CR2E034 (11/98