

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H75188 (3)

1. Corporation Name
J. BIXLER CONN AND ASSOCIATES, INC.

Principal Place of Business
1102 EAST TENNESSEE ST.
TALLAHASSEE FL 32308

Mailing Address
1350-E4 MAHAN DR., #352
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1985

4. FEI Number

59-2579411

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 1173 Benjamin Chaires

Suite, Apt. #, etc.

City & State

23 Tallahassee, Fl.

Zip

24 32311

Country

25 USA

2a. Mailing Address

2a. 1173 Benjamin Chaires

Suite, Apt. #, etc.

City & State

28 Tallahassee, Fl.

Zip

29 32311

Country

30 USA

9. Name and Address of Current Registered Agent

CONN-BIXLER, JANE
RT. 2, BOX 198-M
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name

Same

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

1151 Benjamin Chaires Rd.

83

Tallahassee

84 City

FL

85

Zip Code
32311

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 *Jane Bixler Conn*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME CONN-BIXLER, JANE
STREET ADDRESS ROUTE 2, BOX 198-M
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME BIXLER-RIMES, JOANN
STREET ADDRESS 3725 TOM JOHN LANE.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME CONN-BIXLER, JANE (same)
1.3 STREET ADDRESS 1151 Benjamin Chaires Rd.
1.4 CITY-ST-ZIP Tallahassee, Fl. 32311

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 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 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: *Jane Bixler Conn*

1/28/98 (P.O. 837 477)

CR034 (10/97)