

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

INCORPORATION  
ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

DOCUMENT # **H78221** (9)

05 MAY - 1 11:30

**MIX-RILEY ENERGY COMPANY**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

1. Name of Corporation		2a. Mailing Address		3a. Date Incorporation Filed		3b. Date of Last Report	
% HUGH C. MIX 445 E. GOVERNMENT ST. PENSACOLA FL 32501		% HUGH C. MIX 445 E. GOVERNMENT ST. PENSACOLA FL 32501		09/27/1985		04/26/1994	
21. % of Ownership	26. Mailing Address	4. FID Number	Applied For				
21. 100% Hugh C. Mix	26. 40 Hugh C. Mix	4. 59-2589190	Not Applicable				
22. State Address	27. State Address	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
22. 5590 PEACHTREE CT.	27. 5590 PEACHTREE CT.						
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees			
23. PENSACOLA, Florida	28. PENSACOLA, FL						
24. ZIP Code	25. Country	29. ZIP Code	30. Country	8. This corporation has liability for intangible tax under 5, 1994 FD Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24. 32504	25. USA	29. 32504	30. USA				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MIX, HUGH C. 445 E. GOVERNMENT ST. PENSACOLA FL 32501				B1. Name	Hugh C. Mix		
				B2. Street Address (P.O. Box Number is Not Applicable)	5590 PEACHTREE CT.		
				B3. City	PENSACOLA, Florida		
				B4. State	FL	B5. Zip Code	32504

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DP MIX, HUGH C. 445 E. GOVERNMENT ST. PENSACOLA FL S	NAME	DP HUGH C. MIX 5590 PEACHTREE CT. PENSACOLA, FL 32504
NAME	RILEY, KELLEY D. 7001 ROCKY TRAIL CHATTANOOGA TN	NAME	
NAME	T MIX, HUGH C. 445 E. GOVERNMENT ST. PENSACOLA FL	NAME	T HUGH C. MIX 5590 PEACHTREE CT. PENSACOLA, FL 32504
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	
NAME		NAME	

14. This certificate, together with the information supplied with the filing, shall only have effect and be operative if, by this certificate filed in Tallahassee, Florida, the Secretary of State is notified that the information contained in the annual report or required statement is true and correct. If the Secretary of State is notified that the information is not true and correct, the Secretary of State shall refuse to file the certificate and shall notify the applicant in writing of the reasons for the refusal. If the Secretary of State is notified that the information is true and correct, the Secretary of State shall file the certificate and shall notify the applicant in writing of the filing.

**SIGNATURE:** *Hugh C. Mix, Inc.* 11-27-95 (904) 484-5444  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR