FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 30 AM 8:13

DOCUMENT # K26876 (8)

1. Corporation Name
JON NIXON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% JONATHAN N. NIXON ~~2110 BURTON AVE~~ ~~FORT MYERS FL 33907~~	% JONATHAN N. NIXON ~~2110 BURTON AVE~~ ~~FORT MYERS FL 33907~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1988
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0055908 — Applied For / Not Applicable

2. Principal Place of Business 21 1389 TAHITI DR.	2a. Mailing Address 26 P.O. BOX 773
Suite, Apt. #, etc. 22 SUITE 1	Suite, Apt. #, etc. 27
City & State 23 SANIBEL ISLAND, FL	City & State 28 SANIBEL ISLAND, FL
Zip 24 33957 — Country 25 U.S.A.	Zip 29 33957 — Country 30 U.S.A.

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NIXON, JONATHAN N.
~~2110 BURTON AVE~~
~~FORT MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name: JON NIXON
82 Street Address (P.O. Box Number is Not Acceptable): 1389 Tahiti Dr.
83 Suite 1
84 City: Sanibel Island FL 85 Zip Code 33957

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	NIXON, JONATHAN N.	12 NAME	
STREET ADDRESS	~~2110 BURTON AVE~~	13 STREET ADDRESS	1389 TAHITI DR., SUITE 1
CITY ST ZIP	~~FORT MYERS FL~~	14 CITY ST ZIP	SANIBEL ISLAND, FL 33957
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	NIXON, ELIZABETH A.	22 NAME	
STREET ADDRESS	~~2110 BURTON AVE~~	23 STREET ADDRESS	1389 TAHITI DR., SUITE 1
CITY ST ZIP	~~FORT MYERS FL~~	24 CITY ST ZIP	SANIBEL ISLAND, FL 33957
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: JONATHAN N. NIXON / 3/27/95 813-472-3827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #