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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K26876 (8)

1. Corporation Name  
JON NIXON ENTERPRISES, INC.



Principal Place of Business  
2629 COCONUT DRIVE  
SANIBEL ISLAND FL 33957  
US

Mailing Address  
P O BOX 773  
SANIBEL ISLAND FL 33957-0773  
US

3. Date Incorporated or Qualified 06/17/1988  
3a. Date of Last Report 01/26/1996

2. Principal Place of Business  
21 164 Reserve Circle  
Suite, Apt. #, etc.  
22 200  
City & State  
23 Oviedo FL  
Zip Country  
24 32765 25 Seminole  
2a. Mailing Address  
26 12215 University Blvd  
Suite, Apt. #, etc.  
27 Suite 136  
City & State  
28 Orlando  
Zip Country  
29 32817 30 Orange

4. FEI Number 65-0055908  
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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
NIXON, JON  
2629 COCONUT DRIVE  
SUITE 1  
SANIBEL ISLAND FL 33957

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
164 Reserve Circle,  
83 #200  
84 City Oviedo FL 85 Zip Code 32765

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 *[Signature]* 1-24-96  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME NIXON, JONATHAN N.  
STREET ADDRESS 2629 COCONUT DRIVE  
CITY-ST-ZIP SANIBEL ISLAND FL  
TITLE SD  
NAME NIXON, ELIZABETH A.  
STREET ADDRESS 2629 COCONUT DRIVE  
CITY-ST-ZIP SANIBEL ISLAND FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS ~~164 Reserve Circle, #200~~  
1.4 CITY-ST-ZIP Oviedo FL 32765  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 164 Reserve Circle, #200  
2.4 CITY-ST-ZIP Oviedo FL 32765  
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 do 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: *[Signature]* 1-24-96 407-366-6777  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)