

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90003 009 \*\*\*150.00

DOCUMENT # P92000007387

1. Corporation Name

SAXON SERVICES, INC.

Principal Place of Business

107 JUNIPER ST  
NICEVILLE FL 32578

Mailing Address

POST OFFICE BOX 5  
NICEVILLE FL 32588-0005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1992

4. FEI Number

59-3156793

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

SAXON, K. WARD III  
107 JUNIPER ST  
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAXON, K. WARD III	
STREET ADDRESS	107 JUNIPER STREET	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, MARY E.	
STREET ADDRESS	250 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SAXON, FLORA S.	
STREET ADDRESS	281 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAXON, CELESTE S.	
STREET ADDRESS	107 JUNIPER STREET	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, DARRELL	
STREET ADDRESS	250 WAVA AVENUE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Flora S. Saxon* *Flora S. Saxon Apr. 30, 1999* (850) 678-4244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)