

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000093594 (7)

1. Corporation Name

MIXON FAMILY FARMS, INC.



Principal Place of Business

1900 5TH ST. N.W.
WINTER HAVEN FL 33885

Mailing Address

P.O. BOX 3036
WINTER HAVEN FL 33885

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

BERTRAND, ROBERT J
ONE LAKE MORTON DR.
LAKELAND FL 33801

3. Date Incorporated or Qualified
12/27/1994

3a. Date of Last Report
04/17/1995

4. FBI Number

65-0541977

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MIXON, GERALD M SR.	
STREET ADDRESS	1900 5TH ST. N.W.	
CITY-STATE-ZIP	WINTER HAVEN FL 33885	
TITLE	D	☐ DELETE
NAME	MIXON, GERALD M JR.	
STREET ADDRESS	1900 5TH ST. N.W.	
CITY-STATE-ZIP	WINTER HAVEN FL 33885	
TITLE	D	☐ DELETE
NAME	MIXON, KEITH D	
STREET ADDRESS	1900 5TH ST. N.W.	
CITY-STATE-ZIP	WINTER HAVEN FL 33885	
TITLE	ST	☐ DELETE
NAME	LONG, ELOISE	
STREET ADDRESS	4665 HUNT ROAD	
CITY-STATE-ZIP	BARTOW FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(b), 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:

Gerald M Mixon Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald M Mixon Sr

4-25-96

941-294-8856

CR2E034 (12/95)