

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

**FILED**

**Apr 07 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000049000 (8)**  
1. Corporation Name  
**J.E. HIXON INVESTMENTS, INC.**



Principal Place of Business <b>3818 BETTES CIRCLE JACKSONVILLE FL 32210</b>	Mailing Address <b>3818 BETTES CIRCLE JACKSONVILLE FL 32210</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	<b>25</b> Country	<b>29</b> Country	<b>30</b> Country
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<b>3.</b> Date Incorporated or Qualified <b>05/31/1996</b>		
<b>4.</b> FEI Number <b>59-3380593</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
**YONG, FRANK J**  
**225 WATER STREET**  
**SUITE 1235**  
**JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**  
**81** Name **GRESHAM SIDNERBURNER**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**509 LAURA ST**  
**83** **SUITE 2750**  
**84** City **JACKSONVILLE** **FL** **85** Zip Code **32202**

**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]* **3-1596**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POST HIXON, J E</b>	1.2 NAME	
STREET ADDRESS	<b>3818 BETTES CIR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>900002482079</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-04/08/98--01015--001</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *[Signature]* **4-1-98** **3818 BETTES CIRCLE**

CR2E034 (10/97)