


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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90088 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000084750

1. Corporation Name  
MIXNER & BAILES, P.A.

Principal Place of Business 147 W HIGHBANKS RD DEBARY FL 32713	Mailing Address 147 W HIGHBANKS RD DEBARY FL 32713
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

59-3537937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 500 N. MAITLAND AVE

Suite, Apt. #, etc.

22 SUITE 101

City & State

23 MAITLAND, FL

Zip

24 32751

Country

25 ORANGE

2a. Mailing Address

26 500 N. MAITLAND AVE.

Suite, Apt. #, etc.

27 SUITE 101

City & State

28 MAITLAND, FL

Zip

29 32751

Country

30 USA

9. Name and Address of Current Registered Agent

BAILES, CATHERINE A  
147 W HIGHBANKS RD  
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name

BAILES, CATHERINE A.

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

500 N. MAITLAND AVE.

83

SUITE 101

84 City

MAITLAND

FL

85 Zip Code

32751

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	D	<input type="checkbox"/> DELETE
NAME	MIXNER, ALBERT J	
STREET ADDRESS	13022 SHORT LEAF CT	
CITY-ST-ZIP	CLERMONT FL 34711	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILES, CATHERINE A	
STREET ADDRESS	147 W HIGHBANKS RD	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	D. V.P.	<input checked="" 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 407-599-0050

CR2E034 (11/98)