

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91149 021 \*\*\*550.00

DOCUMENT # **500988** ✓

1. Entity Name

**Mixon and Associates, Inc.**

**DO NOT WRITE IN THIS SPACE**

**666780**

2. Principal Place of Business

**217 South Adams St.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**NA**

Suite, Apt. #, etc.

**NA**

City & State

**Tallahassee FL**

City & State

**Same**

Zip

**32301**

Country

**Leon**

Zip

**Same**

Country

**Same**

4. FEI Number

**59317515**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**M. Juhan Mixon**

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

**217 South Adams**

City

**Tallahassee**

**FL**

Zip Code

**32301**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President M. Juhan Mixon 2630 Noble Dr. Tallahassee, FL 32312</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice-President Pat C. Mixon 2630 Noble Drive Tallahassee, FL 32312</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Pat C. Mixon** Pat C. Mixon

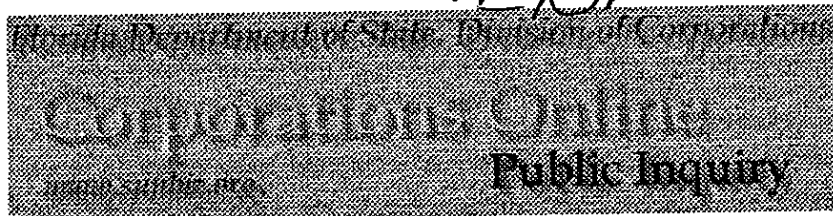
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-2-02 850-222-2591**

Date

Daytime Phone #

CR2E034B (12/01)



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**Florida Profit****MIXON AND ASSOCIATES, INC.**

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**PRINCIPAL ADDRESS**

217 S ADAMS ST  
TALLAHASSEE FL 32301  
Changed 04/23/1999

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**MAILING ADDRESS**

217 S ADAMS ST  
TALLAHASSEE FL 32301  
Changed 04/23/1999

**Document Number**  
S09988

**FEI Number**  
593117515

**Date Filed**  
10/31/1990

**State**  
FL

**Status**  
ACTIVE

**Effective Date**  
NONE

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**Registered Agent**

Name & Address
MIXON, M. JUHAN 217 S MONROE ST TALLAHASSEE FL 32301
Address Changed: 04/23/1999

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**Officer/Director Detail**

Name & Address	Title
MIXON, M. JUHAN 2630 NOBLE DR. TALLAHASSEE FL	P
MIXON, PAT C 2630 NOBEL DRIVE TALLAHASSEE FL	V