

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0008672

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP 24 PM 1:46

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V20213

(7)

1. Corporation Name
 MIXON PROPERTIES, INC.

Principal Place of Business
 8212 THOMAS DR.
 PANAMA CITY BEACH FL 32408
 US

Mailing Address
 PO BOX 18226
 PANAMA CITY BEACH FL 32417
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1992

4. FEI Number

59-3111225

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21 8406 Panama City Beach Pky
 Suite, Apt. #, etc.
 22 Suite G
 City & State
 23 Panama City Beach
 Zip Country
 24 32407 25 Bay

2a. Mailing Address

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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

9. Name and Address of Current Registered Agent

MIXON, MICHAEL L
 8212 THOMAS DR.
 PANAMA CITY BEACH FL 32408

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	PVST	<input type="checkbox"/> DELETE
NAME	MIXON, MICHAEL L.	
STREET ADDRESS	131 SANDOLLAR DR	
CITY-ST-ZIP	PANAMC CITY BCH FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
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	

800002651098-4
 -09/29/98-01025-009
 ****150.00 ****150.00

B. 98AR 9/28

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]*

9/16/98

CR2E034 (5/98)

MIXON PROPERTIES, INC.

MICHAEL L. MIXON
PRESIDENT
8406G PANAMA CITY BEACH PKWY
POST OFFICE BOX 18226
PANAMA CITY BEACH, FL. 32417

Telephone 850-233-9340
Fax 850-230-2842

9/16/98
ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Dear Sirs,

Our bookkeeper has handled all of our licensing, tax reporting and corporate filings for us for the past five years. She left us to take another position in March, 1998. She had agreed to continue handling our financial affairs until we were able to train or hire someone to assume these duties. Unfortunately, she has since suffered a heart attack in addition to other existing health conditions. Because of this it has been impossible for her to fulfill her commitment to us.

This was not something that simply occurred overnight. Instead, the problem has lingered on for months. During this time, she continued to assure us that she would meet her commitment. For this reason, we did not take steps to replace her as we now realize we should have.

She still has possession of most of our 1997 and first quarter 1998 records. We have attempted to recover these from her but have been unsuccessful. We have been gathering the paperwork which we do have on hand to turn over to a new bookkeeper. While gathering this paperwork together, we found the enclosed corporate report. We had assumed that this had been filed in a timely manner. We now know that it was not.

We ask that you accept the enclosed report along with the attached check for \$150.00 and waive the late filing penalties. Our lateness in filing is due entirely to oversight and the unfortunate circumstances explained above. There was no intent on our part to postpone or delay filing willfully.

Please accept our apology for our tardiness filing for this annual renewal.

Sincerely,



Michael L. Mixon,
Pres.