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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **V26194** **(3)**

1. Corporation Name

**LYNNE HIXON-HOLLEY, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| **2947 PETERS AVE**<br>**NAPLES FL 33962**<br>**US** | **2947 PETERS AVE**<br>**NAPLES FL 33962**<br>**US** |

3. Date Incorporated or Qualified: **03/31/1992**

3a. Date of Last Report: **05/01/1995**

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Naples-Fla | 26 | 2947 Peters Ave |
| Suite, Apt. #, etc. 22 | 2947 Peters Ave | Suite, Apt. #, etc. 27 | |
| City & State 23 | Naples-Fl-33962 | City & State 28 | Naples-Fla |
| Zip 24 | 33962 | Country 25 | Collier |
| Zip 29 | 33962 | Country 30 | Collier |

4. FEI Number: **65-0330529** ☐ 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

9. Name and Address of Current Registered Agent

**HIXON-HOLLEY, LYNNE**
**2947 PETERS AVE**
**NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name: Lynne Hixon-Holley
82 Street Address (P.O. Box Number is Not Acceptable): 2947 Peters Ave
83
84 City: Naples-Fla FL 85 Zip Code: 33962

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 _____ DATE _____
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PVTS | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HIXON-HOLLEY, LYNNE | | 1.2 NAME | |
| STREET ADDRESS | 2947 PETERS AVE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | | 1.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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:** Lynne Hixon-Holley July 30, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

[redacted] 941-261-7563
Title — Daytime Phone #