

# 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 # **V69064** (6)

1. Corporation Name

**SAXON FAMILY PROPERTIES, INC.**



Principal Place of Business

Mailing Address

PO BOX 626  
NICEVILLE FL 32588-0626

PO BOX 626  
NICEVILLE FL 32588-0626

2. Principal Place of Business

2a. Mailing Address

21 **281 WAVA AVENUE**

26 **P.O. Box 5**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **NICEVILLE, FL**

28 **NICEVILLE, FL**

24 Zip

Country

29 Zip

Country

**32578**

**USA**

**32588**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAXON, K. WARD III  
107 JUNIPER STREET  
NICEVILLE FL 32578**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

**SAXON, BETTY R**

STREET ADDRESS

**5658 DIANE DR.**

CITY-ST-ZIP

**MOBILE AL**

TITLE

SD

☐ DELETE

NAME

**COGHLIN, JOYCE S**

STREET ADDRESS

**501 S. THAYER AVE.**

CITY-ST-ZIP

**ABERDEEN MS**

TITLE

DT

☐ DELETE

NAME

**SAXON, FLORA S**

STREET ADDRESS

**281 WAVA AVE.**

CITY-ST-ZIP

**NICEVILLE FL**

TITLE

PD

☐ DELETE

NAME

**SAXON, K W III**

STREET ADDRESS

**107 JUNIPER ST**

CITY-ST-ZIP

**NICEVILLE FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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; 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 in an attachment with an address.

SIGNATURE:

**K. Ward Saxon III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**K. WARD SAXON III**

**1-23-96 (904) 678-4244**

Date

Telephone Number

CR2E034 (12/95)