

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000092775

Entity Name: MIZE OUTDOOR CARE INC.**Current Principal Place of Business:**88 N. VAN HOOSSEN RD.
FLOMATON, AL 36441**Current Mailing Address:**88 N. VAN HOOSSEN RD.
FLOMATON, AL 36441 US**FEI Number:** 46-2867575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MIZE, JONATHAN D
7137 WALLACE DR.
PACE, FL 32571 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	MIZE, SAMUEL A
Address	88 N. VAN HOOSSEN RD.
City-State-Zip:	FLOMATON AL 36441

Title	VP
Name	MIZE, ANDRA B
Address	348 PONDEROSA LANE
City-State-Zip:	FLOMATON AL 36441

Title	T
Name	MIZE, JONATHAN D
Address	7137 WALLACE DR.
City-State-Zip:	PACE FL 32571

Title	S
Name	MIZE, CAMILAH J
Address	88 N. VAN HOOSSEN RD.
City-State-Zip:	FLOMATON AL 36441

Title	VP
Name	MIZE, CAMILAH J
Address	88 N. VAN HOOSSEN RD.
City-State-Zip:	FLOMATON AL 36441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAMILAH J. MIZE**VICE PRESIDENT****01/31/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date