

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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2013 JUN 7 AM 11 03

SUPERVISOR'S SIGNATURE
SUPERVISOR'S OFFICE

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name William D Mixon Telephone 941-448-4855

Street Address 206 Oak Ave

City Anne Maria State FL Zip Code 34216

Mailing Address PO Box 1729

City Anne Maria State FL Zip Code 34216

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

William D Mixon

Signature of Registered Agent

6/7/13
Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

Name of Committee or Organization Citizens For Good Government

Street Address 206 Oak Ave Telephone 941-301-4634

City Anne Maria State FL Zip Code 34216

Steven M. Vernon

Signature of Chairperson

STEVEN M. VERNON

Printed Name of Chairperson

6/7/13
Date