

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 APR 27 PM 3: 25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 325681 (5)
1. Corporation Name
DICKSON'S CARRIAGE HOUSE, INC.

Principal Place of Business Mailing Address
**1011 S ORLANDO AVE
MAITLAND FL 32751** **1011 S ORLANDO AVE
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/26/1968** 3a. Date of Last Report **01/20/1994**

4. FEI Number **59-1201934** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 County 29 Zip 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER II, WILLIAM A
250 PARK AVE S 6TH FLOOR
WINTER PARK FL 32789**

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 re-certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	YOUNG, WINDER A.
STREET ADDRESS	318 MONTROSE ST
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	PD
NAME	DICKSON, KATHERINE A.
STREET ADDRESS	1800 OLDE RIVER TR
CITY - ST - ZIP	CHULUOTA FL
TITLE	VD
NAME	DICKSON, DAVID M.
STREET ADDRESS	1800 OLDE RIVER TR.
CITY - ST - ZIP	CHULUOTA FL
TITLE	VD
NAME	DICKSON, MICHAEL D.
STREET ADDRESS	1800 OLDE RIVE TR.
CITY - ST - ZIP	CHULUOTA FL
TITLE	VD
NAME	DICKSON, JAMES W.
STREET ADDRESS	ROUTE 1, BOX 91 P
CITY - ST - ZIP	ALACHUA FL
TITLE	VD
NAME	BANNER, KELLY D.
STREET ADDRESS	ROUTE 3, BOX 240
CITY - ST - ZIP	BANNER ELK N.

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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)(b), 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: **KATHERINE A DICKSON** *Katherine A Dickson* **4-24-95** **4076443322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #