

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 # 325681 (5)

1. Corporation Name
DICKSON'S CARRIAGE HOUSE, INC.



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

3. Date Incorporated or Qualified: 01/26/1968
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business: 21 1800 OLDE RIVER TRAIL
2a. Mailing Address: 26 1800 OLDE RIVER TRAIL

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

22. City & State: 23 CHULLUOTA FL
27. City & State: 28 CHULLUOTA FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 32766 25. Country: USA
29. Zip: 32766 30. Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	YOUNG, WINDER A.	
STREET ADDRESS	316 MONTROSE ST	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICKSON, KATHERINE A.	
STREET ADDRESS	1800 OLDE RIVER TR	
CITY - ST - ZIP	CHULUOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICKSON, DAVID M.	
STREET ADDRESS	1800 OLDE RIVER TR.	
CITY - ST - ZIP	CHULUOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICKSON, MICHAEL D.	
STREET ADDRESS	1800 OLDE RIVE TR.	
CITY - ST - ZIP	CHULUOTA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DICKSON, JAMES W.	
STREET ADDRESS	ROUTE 1, BOX 91 P	
CITY - ST - ZIP	ALACHUA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANNER, KELLY D.	
STREET ADDRESS	ROUTE 3, BOX 240	
CITY - ST - ZIP	BANNER ELK N.	

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)(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 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* 4-16-96 407 366 5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)