

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 325681 (5)
 1. Corporation Name
DICKSON'S CARRIAGE HOUSE, INC.



Principal Place of Business 1800 OLDE RIVER TRAIL CHULUOTA FL 32768 US	Mailing Address 1800 OLDE RIVER TRAIL CHULUOTA FL 32766-9174 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/26/1968	3a. Date of Last Report 04/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1201934	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALKER II, WILLIAM A 250 PARK AVE S 6TH FLOOR WINTER PARK FL 32789		10. Name and Address of New Registered Agent	
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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WINDER A.	1.2 NAME	
STREET ADDRESS	316 MONTROSE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, KATHERINE A.	2.2 NAME	
STREET ADDRESS	1800 OLDE RIVER TR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD TS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, DAVID M.	3.2 NAME	
STREET ADDRESS	1800 OLDE RIVER TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, MICHAEL D.	4.2 NAME	
STREET ADDRESS	1800 OLDE RIVE TR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKSON, JAMES W.	5.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 91 P	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNER, KELLY D.	6.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 240	6.3 STREET ADDRESS	
CITY-ST-ZIP	BANNER ELK N.	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *Winder A. Young* *David M. Dickson* *Michael D. Dickson* *James W. Dickson* *Kelly D. Banner*

CR2E034 (9/96)

H-22-97 (410) 366-5751