

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 PM 11:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # G63332 (2)
 1. Corporation Name
THE DIKMAN COMPANY, INC.

Principal Place of Business Mailing Address
300 HYDE PARK AVENUE P O BOX 23488 TAMPA FL 33623-0488

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/03/1983** 3a. Date of Last Report **04/20/1994**
 4. FEI Number **59-2329425** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DIKMAN, ROBERT J.
 300 HYDE PK AVE
 TAMPA FL ~~33629~~ 33606**

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 *Robert J. Dikman, CEO* DATE 4/28/95
Signature of officer or director of corporation and title if applicable. (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | CST |
| NAME | DIKMAN, ROBERT J. |
| STREET ADDRESS | 300 HYDE PK AVE |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | D |
| NAME | DIKMAN, ROBERT J. |
| STREET ADDRESS | 300 HYDE PK AVE |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | PD |
| NAME | HARDIN, JANE LESLIE |
| STREET ADDRESS | 300 HYDE PARK AVENUE |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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)(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 007, Florida Statutes and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE: *Robert J. Dikman, CST* DATE 4/28/95 (813) 251-5288
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Here)