

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

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AND
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55 APR 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000004483 (1)**
1. Corporation Name
JOHN F. DILLON, INC.

Principal Place of Business Mailing Address
909 N COLLIER BLVD MARCO ISLAND FL 33969 **909 N COLLIER BLVD MARCO ISLAND FL 33969**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1994** 3a. Date of Last Report

4. FEI Number **061121598** 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 S. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **983 N. Collier Blvd.** 26 **P.O. Box 109**

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

23 **Marco Island, FL** 28 **Marco Island, FL**

24 **339 37** 25 29 **339 69** 30

9. Name and Address of Current Registered Agent

**SCUDERI, SALVATORE C
909 N COLLIER BLVD
P.O. BOX 109
MARCO ISLAND FL 33969**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 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 his or her address) (NOTE: Registered Agent signature required when installing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP

PRES. JOHN F. DILLON 329 POLYNESIA CT MARCO ISLAND, FL., 33937

TITLE NAME STREET ADDRESS CITY ST ZIP

ROSE A. DILLON SECRETARY/TREASURER SAME AS ABOVE

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

TITLE NAME STREET ADDRESS CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

5. TITLE Change Addition

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

9. TITLE Change Addition

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

13. TITLE Change Addition

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.03(2)(b), Florida Statutes. I further certify that the information included 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: *John F. Dillon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN F. DILLON

3-8-95 83-3941530
Date (Signature/Stamp)