

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # 182788 (0)**

1. Corporation Name

**DICKERSON CONSTRUCTION CO., INC.**

95 APR -6 AM 6:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**6740 S.W. 20TH CT.  
MIRAMAR FL 33023**

Mailing Address

**6740 S.W. 20TH CT.  
MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/17/1955**

3a. Date of Last Report

**01/21/1994**

4. FBI Number

**59-0733749**

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOEBEL, RACHEL  
6740 S.W. 20 COURT  
MIRAMAR FL 33023**

**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 of Agent or (printed name of registered agent and filed application)

(Signature of Registered Agent (signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>P</b>                    |
| NAME           | <b>KOEBEL, RACHEL</b>       |
| STREET ADDRESS | <b>6740 SW 20TH COURT</b>   |
| CITY, ST, ZIP  | <b>MIRAMAR, FL 00000</b>    |
| TITLE          | <b>S</b>                    |
| NAME           | <b>KOEBEL, RACHEL</b>       |
| STREET ADDRESS | <b>6740 S W 20TH COURT</b>  |
| CITY, ST, ZIP  | <b>MIRAMAR, FL 00000</b>    |
| TITLE          | <b>TS</b>                   |
| NAME           | <b>GIACOBBE, ULLIAN</b>     |
| STREET ADDRESS | <b>2303 POLK ST APT 104</b> |
| CITY, ST, ZIP  | <b>HOLLYWOOD, FL 00000</b>  |
| 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

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY, ST, ZIP  |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY, ST, ZIP  |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY, ST, ZIP  |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY, ST, ZIP  |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY, ST, ZIP  |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY, ST, ZIP  |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and deemed equally for the exemption stated in Section 149.07(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. 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: *Rachel Koebel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Rachel Koebel**  
*President*

**4-3-95** **306 989-8427**  
Date Telephone