

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 # 182788 (0)

1. Corporation Name

DICKERSON CONSTRUCTION CO., INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
01/17/1955

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Subs., Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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 type for printed name of registered agent and title (if any)

Signature type for printed name of registered agent and title (if any)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
KOEEL, RACHEL  
STREET ADDRESS  
6740 SW 20TH COURT  
CITY-STATE-ZIP  
MIRAMAR, FL 00000

2. TITLE ☐ DELETE

NAME  
KOEEL, RACHEL  
STREET ADDRESS  
6740 S W 20TH COURT  
CITY-STATE-ZIP  
MIRAMAR, FL 00000

3. TITLE ☐ DELETE

NAME  
GIACOBBE, LILLIAN  
STREET ADDRESS  
2303 POLK ST APT 104  
CITY-STATE-ZIP  
HOLLYWOOD, FL 00000

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-STATE-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:

Rachel Koebel, President  
Signature and typed or printed name of signing officer or director

2-5-96

954 984-8477

Date

Daytime Phone #

CR2E034 (12/95)