

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **289477**

1. Corporation Name

DIXON ELECTRIC COMPANY, INC.

Principal Place of Business

~~2151 LAKE DR~~ **2151 Lois Lane**
COCOA FL 32926

Mailing Address

~~2151 LAKE DR~~ **Lois Lane**
COCOA FL 32926

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90021 044 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1965

4. FEI Number

59-1108054

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2151 Lois Lane

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

2151 Lois Lane

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIXON, RONALD C
2155 LAKE DRIVE
COCOA FL 32926

"new street" assignment

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PV** ☐ DELETE
NAME **DIXON, RONALD C**
STREET ADDRESS **2155 LAKE DRIVE**
CITY-ST-ZIP **COCOA FL**

TITLE **ST** ☐ DELETE
NAME **DIXON, LOIS D**
STREET ADDRESS **2155 LAKE DRIVE**
CITY-ST-ZIP **COCOA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2155 Lois Lane**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2155 Lois Lane**
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as that of an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lois D. Dixon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99

CR2E034 (1/98)