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 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **314281** **(7)**

1. Corporation Name

DICKSON TOOL AND MOLD, INC.

DICKSON TOOL & MOLD
Tools Designed & Built
To Your Specification
15440 Aviation Loop Drive
Brooksville, Florida 34609
(904) 754-9979
Fax (904) 754-4389

Mailing Address
~~2860 - 21ST AVENUE NORTH~~
~~ST PETERSBURG FL 33713~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1967
3a. Date of Last Report: 02/18/1994

4. FEI Number: 59-1160668 ☐ 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

21 Suite, Apt. #, etc.	22
15440 Aviation Loop Dr.	

23 City & State	24 Zip	25 Country
Brooksville, FL	34609	

2a. Mailing Address	26 Suite, Apt. #, etc.	27
15440 Aviation Loop Dr		

28 City & State	29 Zip	30 Country
Brooksville FL	34609	

9. Name and Address of Current Registered Agent

DICKSON, MICHAEL C
~~**2860 21ST AVE N**~~
~~**ST PETERSBURG, FL**~~
~~**33713**~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 15440 Aviation Loop Dr.

83

84 City: Brooksville **FL** 85 Zip Code: 34609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DICKSON, MICHAEL	1.2 NAME		
STREET ADDRESS	2860 21ST AVE. N.	1.3 STREET ADDRESS	15440 Aviation Loop Dr.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	VDS	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLMOTT, FAYE	2.2 NAME		
STREET ADDRESS	2860 21ST AVE. N.	2.3 STREET ADDRESS	15440 Aviation Loop Dr.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	Brooksville, FL 34609	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: _____ FAYE Willmott 4-26-95 904 754 9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

09/09/94 CP