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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 348686

1. Corporation Name
DICKINSON ADVERTISING INC

Principal Place of Business
 1177 LOUISIANA AVENUE, SUITE 211
 WINTER PARK FL 32789

Mailing Address
 1177 LOUISIANA AVENUE, SUITE 211
 WINTER PARK FL 32789



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1969

4. FEI Number
59-1264961

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

7. This corporation owes the current year intangible
 Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

DICKINSON, DAVID M.
730 PINETREE RD
WINTER PARK FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code
32789

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 **P** ☐ DELETE

NAME **DICKINSON, DAVID M**
 STREET ADDRESS **730 PINETREE RD**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **S** ☐ DELETE

NAME **DICKINSON, MARILYN V**
 STREET ADDRESS **730 PINETREE RD**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **VT** ☐ DELETE

NAME **GRIFFIN, ELIZABETH A**
 STREET ADDRESS **316 E. CURTIN STREET**
 CITY-ST-ZIP **BELLEFONTE PA**

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 **President** ☐ Change ☒ Addition

1.2 NAME **David M. Dickinson**
 1.3 STREET ADDRESS **730 Pinetree Road**
 1.4 CITY-ST-ZIP **Winter Park, FL 32789 (zip)**

2.1 TITLE **Secretary** ☐ Change ☒ Addition

2.2 NAME **Marilyn V. Dickinson**
 2.3 STREET ADDRESS **730 Pinetree Road**
 2.4 CITY-ST-ZIP **Winter Park, FL 32789 (zip)**

3.1 TITLE **Vice Pres./Treasurer** ☒ Change ☐ Addition

3.2 NAME **Elizabeth A. Griffin**
 3.3 STREET ADDRESS **1775 Huron Trail**
 3.4 CITY-ST-ZIP **Maitland, FL 32751**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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. 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, with all other like empowered.

SIGNATURE:

Elizabeth A. Griffin

Elizabeth A. Griffin

1/21/99

(407) 622-8016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)