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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

171

	S. DICKERSON ARCHITEC	T, INC.  Mailing Address				
Principal Place of 1215 PENN \$ P.O. BOX 49	ST .	<del>1215 PENN 97</del>				
LEESBURG F US	EL 34749-2226	LEESBURG FL 34749- US	2226	3. Date Incorporated or Qualified 06/04/1979	3a. Date of Last Re 02/06/19	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-1920149	<b></b>	opplied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
		27				Sequired
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	1 1	) May Be I to Fees
Zip	Country	Zip	Country	This corporation has liability for     Florida Statutes	intangible tax under s	199.032,
<u> </u>	9. Name and Address of Curren	29 29 Agent	[30]	10. Name and Address of New F		
	3. Hattle bits Audiess of Outlet	Alexanda villani	81 Name			
Dickerson, John S. 1215 Penn Street Leesburg Fl 34749-9226			82 Street Ad	Idress (P.O. Box Number is Not Acceptat	ble)	
			83			
LEESBE	JRG FL 34/49-8220		84 City		- 85 Zig	Code
				poration submits this statement for the pur	FL   T	
		tion 607.0505, Florida Statutes	5.			agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent		S.  DTE: Registered Agent signature req.  13.	ured when reinstaling)  ADDITIONS/CHANGES TO OF		RS IN 12
SIGNATURE _	OFFICERS AN	t and title if applicable (No	DTE: Registered Agent signature req.  13.  1.1 TifLE	ured when reinstaling) ADDITIONS/CHANGES TO OF		
SIGNATURE _ 12. TITLE NAME	OFFICERS AN PVT DICKERSON, JOHN S	l and tille if applicable (No ID DIRECTORS	DTE: Registered Agent signature req.  13. 1.11ftE 12 NAME	uired when reinstaling)  ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
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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 unde cath; 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.

D. Genice Dickerson, Corp. Secretary

O1/18/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR