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 # **648074** **(3)**

1. Corporation Name
WILLIAM H. DIXON, P.A.

Principal Place of Business
2115 PALM BAY RD NE
PO BOX 158
PALM BAY FL 32905
US

Mailing Address
2115 PALM BAY RD NE
PO BOX 158
PALM BAY FL 32905
US

3. Date Incorporated or Qualified: 12/12/1979
3a. Date of Last Report: 06/02/1995

2. Principal Place of Business (21): 2115 PALM BAY RD NE 32905
Suite, Apt. #, etc (22):
City & State (23): PALM BAY, FLA
Zip (24): 32905 Country (25):

2a. Mailing Address (26): SAME
Suite, Apt. #, etc (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-1956903 — 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

9. Name and Address of Current Registered Agent
DIXON, WILLIAM H.
2115 PALM BAY RD, NE #1
PALM BAY FL 32905

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

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, Sections 607.0505, Florida Statutes.

SIGNATURE: William H. Dixon — TYPE OR PRINT NAME OF PERSON SIGNING (signature required when no stamp) — DATE 5/8/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	DIXON, WILLIAM H	
STREET ADDRESS	2115 PALM BAY RD, NE #1	
CITY-ST-ZIP	PALM BAY 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		
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
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	900001910559	☐ Change ☐ Addition
5.2 NAME	-08/01/96--01027--045	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	000001910540	☐ Change ☐ Addition
6.2 NAME	-08/01/96--01027--046	
6.3 STREET ADDRESS	***25.00	
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)(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: William H. Dixon Pres William H. Dixon (407) 722 0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
CS 8/1996

CR2E034 (12/95)