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**

				02-09-1999 9002:	5 010 ***150 00	
1. Corporatio	MENT # 653773 DICKET BOX, INC.	3		02-09-1999 9002.	3 010 ***130.00	
Principal Place of Business Mailing Address			,			
405 E. SILVER SPRINGS BLVD. SUITE B OCALA FL 34470		405 E. SILVER SPRINGS BLVD. SUITE B OCALA FL 34470		DO NOT WRI	TE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed		
				01/29/1980		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Api	plied For
21		26		59-1970624	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			□ \$8.75 A	dditional
22		27		5. Certifcate of Status Desired	Fee Re	quired
City & Stat	te	City & State		6. Election Campaign Financing	55.00	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the curr	ent year Intangible	
24	25	29	30	Personal Property Tax.	Yes	≥ No
	9. Name and Address of Curre	ent Registered Agent	-	10. Name and Address of New R	Registered Agent	
DITT	TED C DOM	·.	81 Name			
RITTER, G. DON 703 SE FT KING ST		82 Street Add	ress (P.O. Box Number is Not Accepta	able)	 	
				A CHERTON DE TO DE DES TELEMENTS.	Calles Gabes Cody L. 420 grade a	i Light memori seme
UCA	ALA FL		83	1.452% 翻翻開開業		
			84 City	1000年的計畫		141, 413 (1.184)
			84 City		85 Zip C	vode
44 Duranipart	to the previous of Sections 607.05	502 and 607 1509 Elasida Statuta	-	annella's authorite this statement for the	FL	
	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	gations of, Section 607.0505, Flor	es, the above-named corputhorized by the corporation of the corporatio	poration submits this statement for the on's board of directors. I hereby accepted when reinstating)	purpose of changing its of the appointment as reg	registered gistered
CC^agent. Fa	in familiar with, and accept the oblig	gations of, Section 607.0505, Flor	es, the above-named corp	·	DATE	
SIGNATURE	in familiar with, and accept the oblig	gations of, Section 607.0505, Flor	es, the above-named corporati uthorized by the corporati ida Statutes.	ad when reinstating) ADDITIONS/CHANGES TO OFI	DATE	
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered as OFFICERS A	pations of Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	es, the above-named corporati ithorized by the corporati ida Statutes. Registered Agent signature require	ed when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
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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

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 09, 1999 8:00am

Secretary of State