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LAW OFFICES OF  
**FERGESON, SKIPPER, SHAW, KEYSER, BARON & TIRABASSI, P.A.**

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May 13, 2003

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PORT CHARLOTTE OFFICE:  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FLORIDA 33948

- (1) BOARD CERTIFIED CIVIL TRIAL LAWYER
- (2) BOARD CERTIFIED TAX LAWYER
- (3) BOARD CERTIFIED REAL ESTATE LAWYER
- (4) BOARD CERTIFIED WILLS, TRUSTS  
AND ESTATES LAWYER
- (5) BOARD CERTIFIED APPELLATE LAWYER
- (6) BOARD CERTIFIED BUSINESS  
LITIGATION LAWYER
- (7) FLORIDA SUPREME COURT  
CERTIFIED CIRCUIT MEDIATOR

Corporate Records Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Dixon Family Limited Partnership  
File No. 6003/10316


Gentlemen:

I am enclosing an original and copy of a Certificate of Cancellation for the above-named limited partnership. In addition, a check in the amount of \$52.50 is enclosed to cover the filing fee.

Please file the original Certificate of Cancellation and return a copy to the undersigned in the self-addressed, stamped envelope provided for your convenience.

Your prompt attention to this matter would be appreciated.

Very truly yours,

  
James O. Fergeson, Jr.

JOF:csh  
Encls.  
296260

cc: Mr. John E. Dixon

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TALLAHASSEE, FLORIDA



**CERTIFICATE OF CANCELLATION**

1. Dixon Family Limited Partnership, a Florida general partnership, was formed pursuant to the filing of a Certificate of Limited Partnership with the Florida Secretary of State on April 30, 1998.

2. The partnership has now ceased doing any business and has distributed all of its assets to its partners and dissolved.

3. The date of cancellation shall be the date of filing this certificate.

Executed this 14 day of April, 2003.

DIXON FAMILY LIMITED PARTNERSHIP

By: Dixon Family Enterprises, Inc.

By: *J. E. Dixon*  
John E. Dixon, President

GENERAL PARTNER

STATE OF FLORIDA

COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on April 14, 2003, by JOHN E. DIXON, as President of Dixon Family Enterprises, Inc., who ☐ is personally known to me or ☒ has produced *L. J. J. J. J.* as identification.

*Jane E. Bowers*  
(Print or stamp name)

Notary Public  
My Commission Expires:

