FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005306 (6)**

1. Corporation Name
DICKINSON ENTERPRISES OF COLORADO, INC.

Principal Place of Business	Mailing Address
1400 W. NEW HAVEN AVENUE MELBOURNE FL 32904	1893 W NEW HAVEN AVE MELBOURNE FL 32904 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/22/1993**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21: ~~1693 W. New Haven Avenue~~ 3128 Lake Washington Rd
Suite, Apt. #, etc.
22: Melbourne FL
City & State
23: Melbourne FL
Zip: 24: 32934 Country: 25: US

2a. Mailing Address
26: ~~3128~~ 3128 Lake Washington Rd
Suite, Apt. #, etc.
27:
City & State
28: Melbourne FL
Zip: 29: 32934 Country: 30: US

4. FEI Number: **84-1183029** ☐ 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

9. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
FRESH, NASH & TORPY, P.A.
930 S. HARBOR CITY BLVD #505
MELBOURNE FL 32901

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PCD ☒ Change ☐ Addition
NAME	DICKINSON, ROBERT H	1.2 NAME	DICKINSON ROBERT H
STREET ADDRESS	670 E. EAU GALLIE BLVD	1.3 STREET ADDRESS	3066 MINEDA CROSSING DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	DICKINSON, LINDA A	2.2 NAME	DICKINSON, LINDA A
STREET ADDRESS	670 E EAU GALLIE BLVD	2.3 STREET ADDRESS	3066 MINEDA CROSSING DRIVE
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32940
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Robert H. Dickinson 1/8/95 407-259-6566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT H. DICKINSON

0097100 CP