FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J05633**

Corporation Name

Principal Place of Business

DAWSON REALTY, INC.

% WILLIAM L. DAWSON % WILLIAM L. DAWSON 4964 S. ORANGE AVE 4964 S. ORANGE AVE DO NOT WRITE IN THIS SPACE ORLANDO FL 32806 ORLANDO FL 32806 3. Date Incorporated or Qualifed 03/24/1986 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2662635 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes the current year Intangible Yes 30 Personal Property Tax. 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAWSON, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable) 4964 S. ORANGE AVE ORLANDO FL 32806 83 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition TITLE PD 11 TITLE DAWSON, WILLIAM L. 1.2 NAME NAME 4964 S. ORANGE AVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition [] DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY- ST- ZIP CiTY-ST-ZiP Addition ☐ DELETE ☐ Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

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 or an attachment with an address, with all other like empowered. Nhuer williamh Dawson

DELETE

6.1 ITILE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

☐ Addition

FILED

May 10, 1999 8:00 am Secretary of State

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