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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

DIXON PROFESSIONAL CLEANING, INC.

FILED Apr 30 1998 8:00am Secretary of State



						/E/I 2020 1181 1181 2181 1181 1181	
Principal Place of Business Mailing Address							
5338 CALF ROPE LANE 5338 CALF ROPE LANE							
JACKSONVILLE FL 32257		JACKSONVILLE PL 32257	JACKSONVILLE FL 32257		DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE	
ł					3. Date Incorporated or Qualified	1110011102	
]					12/11/1989		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		59- 29 77552	Not Applicable	
		Suite, Apt. #, etc.	e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 27					C. Commodic of States Desired	Fee Required	
		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	Zip Count			Trust Fund Contribution		
24	25	⊢	Countr 30	у	 This corporation owes or has paid the Personal Property Tax due June 30. 		
<u> </u>	9. Name and Address of Curre		30		10. Name and Address of New Regist		
DI	XON, WENDELL		81	Name			
5338 CALF ROPE LANE							
	CKSONVILLE FL 32257		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	· · · · · · · · · · · · · · · · · · ·	[a=1 7: 0: 4:	
			54	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							
				ent signature re	-	ATE .	
12. TITLE	DP OFFICERS A	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition	
NAME	DIXON, SHARON		1.2 NAME			Li Criange Li Apprilori	
STREET ADDRESS	5338 CALF ROPE LANE JACKSONVILLE FL						
CITY-ST-ZIP			1.4 CITY-			[
TITLE	DST DELETE		2.1 TITLE	51-24		Change Addition	
NAME	DIXON, WENDELL		2.2 NAME			_ · · _ · ·	
STREET ADDRESS	5338 CALF ROPE LANE			I ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-				
TITLE		☐ DELETE	3.1 TITLE		**************************************	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-21P			
TITLE	DELETE 4.1		4.1 TITLE		-	Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADORESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-21P			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	- 1			
CITY-ST-ZIP		Driett	5.4 CITY-5	ST-ZIP		[] Observe [] 4-4-8/2	
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP		54 A C 49	64 CITY-5	T-ZIP			

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 roceiver 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 charged, or on an attachment with an address.