

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L82102 (9)
1. Corporation Name
DIXON'S DYNAMIC DESIGNS, INC.

Principal Place of Business

4187 DAIRY CT
401 CESSNA BLVD SUITE 5
PORT ORANGE FL 32127
US

Mailing Address

4187 DAIRY CT
401 CESSNA BLVD SUITE 5
PORT ORANGE FL 32127
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1990

4. FEI Number

59-3072772

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 4187 Dairy Ct.

Suite, Apt. #, etc.

22

City & State

23 Port Orange FL

Zip

24 32127-4300

Country

25 USA

2a. Mailing Address

26 4187 Dairy Ct.

Suite, Apt. #, etc.

27

City & State

28 Port Orange FL

Zip

29 32127-4300

Country

30 USA

9. Name and Address of Current Registered Agent

DIXON, CHARLES T
4187 DAIRY CT
PORT ORANGE FL 32127

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: *Charles T. Dixon, Secretary*

(NOTE: Registered Agent signature required when reinstating)

4/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DIXON, CHARLES T
STREET ADDRESS 4187 DAIRY CT
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE

NAME DIXON, DEBORAH M
STREET ADDRESS 4187 DAIRY CT
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE

NAME DIXON, JAMES P
STREET ADDRESS 4187 DAIRY CT
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE

NAME DIXON, MICHAEL
STREET ADDRESS 4187 DAIRY CT
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE: *Deborah M. Dixon, Secretary*

4/23/98 (904) 788-0097

CR2E084 (10/97)