

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90050 044 \*\*\*150.00

**DOCUMENT # L82102**

1. Corporation Name

**DIXON'S DYNAMIC DESIGNS, INC.**



Principal Place of Business

4187 DAIRY CT  
PT ORANGE FL 32127  
US

Mailing Address

4187 DAIRY CT  
~~201 CESSNA BLVD SUITE 5~~  
PT ORANGE FL 32127  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/20/1990**

4. FEI Number

**59-307272**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

**4187 Dairy Ct**

**Port Orange FL**

**32127**

**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

*Deborah M. Dixon*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/21/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
**DIXON, CHARLES T**  
STREET ADDRESS **4187 DAIRY CT**  
CITY-ST-ZIP **PORT ORANGT FL**

TITLE ☐ DELETE  
NAME **D**  
**DIXON, DEBORAH M**  
STREET ADDRESS **4187 DAIRY CT**  
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE  
NAME **D**  
**DIXON, JAMES P**  
STREET ADDRESS **4187 DAIRY CT**  
CITY-ST-ZIP **PORT ORANGE FL**

TITLE ☐ DELETE  
NAME **D**  
**DIXON, M ICHAE**  
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 ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: *Deborah M. Dixon* (Deborah M. Dixon) 4/21/99 904-788-0097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)