

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 28 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77497

1. Corporation Name

DICKINSON BUSINESS SYSTEMS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

4-22-88

3a. Date of Last Report

4-94

2. Principal Place of Business

21 725 NORTH A1A

2a. Mailing Address

26 P.O. Box 3322

4. FEI Number

65-0047062

Applied For

Not Applicable

Suite, Apt. #, etc.

22 E-206

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

City & State

23 JUPITER

City & State

28 TEQUESTA

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33477

Country

25 PALM BEACH

Zip

29 33469

Country

30 PALM BEACH

8. This corporation has liability for intangible tax under S. 199.032.

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

CHARLES WHITE

82

Street Address (P.O. Box Number is Not Acceptable)

725 NORTH A1A

83

SUITE E-102

84

City

JUPITER

FL

85

Zip Code

33477

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PRESIDENT (P)

JOHN E. DICKINSON

BEDFORD E-122

W. PALM BEACH FL 33417

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

800001527238

-06/29/95--01069--002

*****233.75 *****233.75

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 a receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE:

[Signature]

6/13/95

407-744-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Full)

(Daytime Phone #)