

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90195 026 ***150.00

DOCUMENT # P01000050515

1. Entity Name
DEDMON PROPERTIES, INC.



Principal Place of Business
**3044 TOWNSEND BLVD
JACKSONVILLE FL 32277**

Mailing Address
**3044 TOWNSEND BLVD
JACKSONVILLE FL 32277**

JULI0J00



2. Principal Place of Business
4074 Dogwood St.
Suite, Apt. #, etc.

3. Mailing Address
4074 Dogwood St.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Macclenny, FL
Zip **32063** Country **USA**

City & State
Macclenny, FL
Zip **32063** Country **USA**

4. FEI Number **59-3719946** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEDMON, RUFUS J SR
~~3044 TOWNSEND BLVD~~ **4074 Dogwood St.**
~~JACKSONVILLE FL 32277~~ **Macclenny, FL 32063**

Name:
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	DEDMON, RUFUS J SR
STREET ADDRESS	3044 TOWNSEND BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	D <input type="checkbox"/> Delete
NAME	DEDMON, DOROTHY
STREET ADDRESS	3044 TOWNSEND BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **R. J. Dedmon**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 **904/568-9469**
Date Daytime Phone #

CR2E034 (10/02)