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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300008279 (0)

FRED DICKOW CONSTRUCTION, INC.

Principal Place of Business Mailing Address 196 LINDA SUE DR. P.O. BOX 2327 N/A LAKE HELEN FL 32721 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/02/1993</u> 2a, Mailing Address 2. Principal Place of Business FEI Number Applied For 26 59-3165841 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Ζip Country Country This corporation owes or has paid the current year Intangible 24 ☐ Yes Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DICKOW, FRED J 1420 TALTON AVE. 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 83

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Addition DICKOW, FRED J NAME 1.2 NAME 1420 TALTON AVE. STREET ADDRESS 1.3 STREET ADORESS **DELAND FL 32720** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. City-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 City - ST - ZiP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 supplimental 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 appliess.

SIGNATURE:

Tred Victor

4/29/98

904-228-3821

**FILED** 

May 12 1998 8:00am

Secretary of State

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Zip Code