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FILED  
Feb 10 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 # P93000029249 (8)

1. Corporation Name:

DIXIE CONSULTING SERVICES, INC.

Principal Place of Business

28870 US HWY 19 N.  
SUITE 300  
CLEARWATER FL 34621

Mailing Address

28870 US HWY 19 N.  
SUITE 300  
CLEARWATER FL 34621



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/21/1993

4. FEI Number

68-0403199

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 30043 US HWY 19N

Suite, Apt #, etc.

22 SUITE 105

City & State

23 CLEARWATER, FL 33761

24 33761

Country

25 USA

2a. Mailing Address

26 30043 US HWY 19N

Suite, Apt #, etc.

27 SUITE 105

City & State

28 CLEARWATER, FL

29 33761

Country

30 USA

9. Name and Address of Current Registered Agent

AMANATIDIS, LAZAROS G  
31170 US HWY 19 N  
APT 607  
PALM HARBOR FL 34884

10. Name and Address of New Registered Agent

81 Name

DENNIS MALO

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

193 OLD OAK CIRCLE

83

84 City

PALM HARBOR

FL

85

34883

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 607.0506, Florida Statutes.

SIGNATURE DENNIS MALO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-7-98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME AMANATIDIS, LAZARUS G  
STREET ADDRESS 31177 US HWY 19 N., APT 607  
CITY-ST-ZIP PALM HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
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 13a changed, or on an attachment with an address.

SIGNATURE: LAZAROS AMANATIDIS 02/01/98 425-5006

CFR2034 (10/97)