

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MANNING
Treasurer, State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

25 MAY 11 AM 10:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071145 (5)

1. Corporation Name

THE DICKMAN GROUP, INC.

Principal Place of Business

1001 SW 2ND AVE.
STE. 3231
BOCA RATON FL 33432
US

Mailing Address

649 SW 14TH ST.
BOCA RATON FL 33406
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1993

3a. Date of Last Report
06/02/1994

2. Principal Place of Business

21 State Apt # of

22 City & State

23 City & State

24 City & State

2a. Mailing Address

26 State Apt # of

27 City & State

28 City & State

29 City & State

4. FFI Number
65-0442811

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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PORGES, GREGORY J
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

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 the laws of the State of Florida, the above named corporation submits the 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 consent to the obligations of the laws of the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME
DICKMAN, WESLEY W
649 SW 14TH ST.
BOCA RATON FL
ST
DICKMAN, SUSAN S
649 SW 14TH ST.
BOCA RATON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct for the information stated in Sections 199.02(3)(b), Florida Statutes. I further certify that the information included on this filing is a true and correct copy of the information as it appears on the public records of the State of Florida and that my signature shall have the same legal effect as if made in and under oath. That I am qualified to accept this appointment as the agent or register representative to receive the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing as the agent or register representative with authority.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

S/S/95