

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:54

DOCUMENT # P94000086036 (8)

1. Corporation Name

DIXON DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/28/1994  
3a. Date of Last Report

2. Principal Place of Business

21 414 CLOVERLEAF ROAD  
Suite, Apt. #, etc.

2a. Mailing Address

26 414 CLOVERLEAF ROAD  
Suite, Apt. #, etc.

4. FEI Number

65-0534333

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

City & State

23 LAKE PLACID, FL  
Zip 33852 Country

City & State

28 LAKE PLACID, FL  
Zip 33852 Country

24

33852

Country

29

33852

Country

9. Name and Address of Current Registered Agent

DIXON, CHARLES R  
106 AVENIDA MESSINA #8  
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

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

414 CLOVERLEAF ROAD

83

84 City

LAKE PLACID

FL

85 Zip Code

33852

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | DP                     |
| NAME           | DIXON, CHARLES R       |
| STREET ADDRESS | 106 AVENIDA MESSINA #8 |
| CITY-ST-ZIP    | SARASOTA FL 34242      |
| TITLE          | DST                    |
| NAME           | DIXON, ANDREA S        |
| STREET ADDRESS | 106 AVENIDA MESSINA #8 |
| CITY-ST-ZIP    | SARASOTA FL 34242      |
| 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          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS | 414 CLOVERLEAF ROAD                                                          |
| 1.4 CITY-ST-ZIP    | LAKE PLACID, FL 33852                                                        |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS | 414 CLOVERLEAF ROAD                                                          |
| 2.4 CITY-ST-ZIP    | LAKE PLACID, FL 33852                                                        |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY-ST-ZIP    |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I do hereby certify that the information supplied with this filing 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 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, upon an attachment with an address.

SIGNATURE:

Charles R. Dixon Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
CHARLES R. DIXON

3-20-95

(813) 465-3595