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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000089967**1. Corporation Name

CHARLES DIXON, INC.

Principal Place of Business	Mailing Address	
3528 NW 52 AVE	3528 NW 52 AVE	
GAINESVILLE FL 32605	GAINESVILLE FL 32605	

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90015 030 ***150.00

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Principal Place of Business Mailing Address					, 61111 1061 1001			
3528 NW 52 AVE					DO NOT WRITE IN THE	S SPACE	<u>.</u>	- a-÷
-UU					3. Date Incorporated or Qualifed]
					12/13/1994]
2. Principal Pl	lace of Business	2a. Mailing Address		•••	4. FEI Number	Ar	pplied For]
21		26			59-3284070	No	ot Applicable]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional	
22		27			J. Certificate of Status Desired	Fee Re	equired]
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be		May Be	
23		28		*****	Trust Fund Contribution	Added	to Fees	-
Zip	Country	Zip	Country	<i>'</i>	8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax.			-
	9. Name and Address of Currer	nt Registered Agent	-		10. Name and Address of New Registered	Agent		1
DIV.	M CUADICO C		81	Name				1
	ON, CHARLES S		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	-		}
1	N.W., 52ND AVE	•		ļ				-
GAIN	IESVILLE FL 32605		83					1
ļ	•		84	City		85 Zip	Code	1
j] 1	__			1
- 11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508 Florida Statutes, the	e aboy	e-named corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appo	t changing its	s registered egistered	4=
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	s.	,,		-	1
SIGNATURE								}
	Signature, typed or printed name of registered age			nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	ქ მ
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change		1 3
TITLE	DP	_						
NAME	DIXON, CHARLES S		1.2 NAME	,				8
STREET ADDRESS	3528 N.W. 52ND AVE.			TADDRESS				ļ
CITY-ST-ZIP	GAINESVILLE FL 32605		1,4 CITY-S 2,1 TITLE	ST-ZIP		☐ Change	Addition	2
TITLE		_]
NAME	,		2.2 NAME	* ****				
STREET ADDRESS		1		TADORESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		Change	Addition	1
TILE			3.1 TITLE					1
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS				1
CITY-ST-ZIP			3.4. CITY-: 4.1 TITLE	S1-ZIP		☐ Change	Addition	1
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NAME	·							
STREET ADDRESS				TADDRESS				1
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	SI-ZIP		☐ Change	Addition	1
TITLE			5.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-S	1				Ì
C/TY-ST-ZIP			6.1 TITLE			☐ Change	Addition	1
TITLE		_	6.2 NAME	i				
NAME				T ADDRESS				
STREET ADORESS	A. 1. 14.		6.4 CITY 6	1				

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

