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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000024089 (0)**

1. Corporation Name
DIX . NANCE, INC.

Principal Place of Business	Mailing Address
8624 VILLA POINT, SUITE 116 **ORLANDO FL 32810**	**8624 VILLA POINT, SUITE 116** **ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-3368091** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DIX, JEFFREY C **8624 VILLA POINT, SUITE 116** **ORLANDO FL 32810**	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 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 Christina E. Nance CHRISTINA E. NANCE, V. PRESIDENT 2-26-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	S	☐ Change ☑ Addition
NAME	DIX, JEFFREY C		1.2 NAME	O'CONNOR, GAIL E.	
STREET ADDRESS	1120 SCENIC POINT RD		1.3 STREET ADDRESS	1311 MYRTLE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	☐ DELETE	2.1 TITLE	D/V	☑ Change ☐ Addition
NAME	NANCE, CHRISTINA E		2.2 NAME	NANCE, CHRISTINA E	
STREET ADDRESS	2146 WOODBRIDGE RD		2.3 STREET ADDRESS	204 SWEETWATER COVE BLVD. N.	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		☐ DELETE	3.1 TITLE	D/P	☑ Change ☐ Addition
NAME			3.2 NAME	DIX, JEFFREY C	
STREET ADDRESS			3.3 STREET ADDRESS	1120 SCENIC POINT RD.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE [illegible] 2-26-98