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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000086821 (1)

1. Corporation Name
DICKINSON AND ASSOCIATES, P.A.



Principal Place of Business

12508 TWIN BRANCH ACRES ROAD
TAMPA FL 33626

Mailing Address

12508 TWIN BRANCH ACRES ROAD
TAMPA FL 33626-4425

2. Principal Place of Business

21 2631 McCORMICK DR

Suite, Apt. #, etc.

22 SUITE 103

City & State

23 CLEARWATER FL

Zip

24 34619

Country

25 USA

2a. Mailing Address

26 2631 McCORMICK DR

Suite, Apt. #, etc.

27 SUITE 103

City & State

28 CLEARWATER FL

Zip

29 34619

Country

30 USA

3. Date Incorporated or Qualified

10/21/1996

3a. Date of Last Report

NONE

4. FEI Number

59-3408073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DICKINSON, JOHN M
12508 TWIN BRANCH ACRES ROAD
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name

DICKINSON JOHN M

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

2631 McCORMICK DR, SUITE 103

83

84 City

CLEARWATER

FL

85 Zip Code

34619

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

John M. Dickinson
Signature, typed or printed name of registered agent and title, if applicable

JOHN M. DICKINSON

(NOTE: Registered Agent signature required when reappointing)

4/22/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DICKINSON, SHERYL L
STREET ADDRESS 12508 TWIN BRANCH ACRES ROAD
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Sheryl L. Dickinson* SHERYL L. DICKINSON 4/22/97 813-799-3600

CR2E034 (9/96)