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Apr 10 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 # P96000097058 (7)

1. Corporation Name

DICKSON & SONS, INC.



Principal Place of Business

1722 STAYSAIL DRIVE
VALRICO FL 33594

Mailing Address

1722 STAYSAIL DRIVE
VALRICO FL 33594-4433

2. Principal Place of Business

21 107 S. NEW JERSEY

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

24 33609

Country

25 HILLSBOROUGH

2a. Mailing Address

26 PO BOX 23392

Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33623-3392

Country

30 HILLSBOROUGH

3. Date Incorporated or Qualified

11/25/1996

3a. Date of Last Report

4. FEI Number

59-341 8964

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

KEITH, W.C.
1517 COMMERCIAL PARK DRIVE
LAKELAND FL 33801

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KEITH, WILLIAM
STREET ADDRESS 1722 STAYSAIL DRIVE
CITY-ST-ZIP VALRICO FL 33594 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME JAMES F. DICKSON
2.3 STREET ADDRESS PO BOX 23392 "NA"
2.4 CITY-ST-ZIP TAMPA FL 33623-3392

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME TODD J. DICKSON
3.3 STREET ADDRESS PO BOX 23392 "NA"
3.4 CITY-ST-ZIP TAMPA FL 33623-3392

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME MARY B. DICKSON
4.3 STREET ADDRESS PO BOX 23392 "NA"
4.4 CITY-ST-ZIP TAMPA FL 33623-3392

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME JOHN F. DICKSON
5.3 STREET ADDRESS P.O. BOX 23392 "NA"
5.4 CITY-ST-ZIP TAMPA FL 33623-3392

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

JAMES F. DICKSON JAMES F. DICKSON

2/6/97

813 265-2512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010302

CR2E034 (9/96)