


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

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**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90003 030 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000106857**

1. Corporation Name  
**DEDMON CONSTRUCTION & DEVELOPMENT CO., INC.**



Principal Place of Business 6321 ARLINGTON RD JACKSONVILLE FL 32211	Mailing Address 6321 ARLINGTON RD JACKSONVILLE FL 32211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5545 Arlington Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>5545 Arlington Rd</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>12/19/1997</b>	4. FEI Number <b>59-3482710</b> Applied For <input type="checkbox"/> Not Applicable
22 <b>C</b>	27 <b>C</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
23 <b>Jacksonville, FL</b> City & State	28 <b>Jacksonville, FL</b> City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 <b>32211</b> Zip Country <b>USA</b>	29 <b>32211</b> Zip Country <b>USA</b>		

9. Name and Address of Current Registered Agent  
**DEDMON, JOHN SR.**  
 6321 ARLINGTON RD  
 JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name <b>Dedmon, R. John</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5545 Arlington Rd. Suite C</b>
83 <b>Suite C</b>
84 City <b>Jacksonville</b> FL 85 Zip Code <b>32211</b>

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 *R. John Dedmon* **R. John Dedmon** **3/15/99**  
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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>DEDMON, JOHN SR.</b>
STREET ADDRESS	<b>6321 ARLINGTON RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>DEDMON, DOROTHY</b>
STREET ADDRESS	<b>6321 ARLINGTON RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>R. John Dedmon</b>
1.3 STREET ADDRESS	<b>5545 Arlington Rd suite C</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL. 32211</b>
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dorothy Dedmon</b>
2.3 STREET ADDRESS	<b>5545 Arlington Rd. Suite C</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL. 32211</b>
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 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: *R. John Dedmon* **R. John Dedmon** **3/15/99** (904) 744 2860  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)