FILED

| ANNUAL REPORT | | | | Secretary of State | | | |
|--|---|---|-----------------------|-----------------------------------|-------------------------|-------------------|----------------------|
| | MENT # P9800004385 | | | Secre | tary of | State | |
| 1. Entity Nam JOHN R. | DYKES PROPERTIES, INC. | | | | | | |
| Principal Place of Business Malling Address 411 N.E. 25TH AVENUE 411 N.E. 25TH AVENUE OCALA, FL 34470 OCALA, FL 34470 | | | | | | | |
| D | O NOT WRITE I | D2082006 No Chg-P CR2E034 (11/05) 4. FEt Number Applied For 59-3511875 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| DYKES, JO 411 N.E. 2 OCALA, FI | 5TH AVENUE | stered Agent | | | NOT W THIS SF | | |
| | named entity submits this statement for the ions of registered agent. | purpose of changing its register | ed office or register | red agent, or bo | lh, in the State of Flo | orida. I em famíl | liar with, and accep |
| SIGNATURE | Signature, typed or printed name of registered agent and title | ed Agent signature require | i when reinstating) | | DATE | | |
| FILE NOWILL FEE IS \$150.00 9. Election Campaign Fine After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution | | | noing \$5 | ing \$5.00 May Be (MINDOUAT 36 76 | | | |
| 10. TITLE MAME STREET ADDRESS CITY-ST-TOP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | OFFICERS AND DIRE PVPD DYKES, JOHN R 411 N.E. 25TH AVENUE OCALA, FL 34470 T DYKES, CAROLYN C 411 N.E. 25TH AVENUE OCALA, FL 34470 | CTORS | | | NOT W | | |
| STREET ADDRESS CSTY-ST-ZIP | | | 1 | | | | |

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and securate 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 10 or Block 11 if changed, or on an attachment with an address, with all after this empowered.

AC 352

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-57-27P

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR