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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # **P98000066336**

TED M. DIXON ENTERPRISES, INC.

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90092 011 \*\*\*150.00



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Principal Place of Business Mailing Address				A	-   1901 001  10  B 01  01    DAVI ODIIL BOIL OĞKIO	BHILD BILLS (1986)	itti a altt 1961
•		4555 QUAIL ROOST ROAD				`,	
4555 QUAIL ROOST ROAD ST. CLOUD FL 34772		ST. CLOUD FL 34772		TO NOT WESTERN THE	CDACE		
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
		20 10 10 10 10 10 10 10 10 10 10 10 10 10		<del></del>	07/28/1998 4. FEI Number	Ann	lied For
<del>,</del>	ace of Business	2a. Mailing Address			59-3538042	<u> </u>	Applicable
5/1		26 Suite Ant # etc	Suite. Apt. #, etc			\$8.75 A	
22		— · · · ·	27		5. Certifcate of Status Desired	Fee Rec	I
City & State		City & State		6. Election Campaign Financing	\$5.00	vlav Be	
23		28		Trust Fund Contribution	Added to	- (	
Zip Country		Zip Country		8. This corporation owes the current year in	tangible		
24	25 29 30				Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	<del>,</del>
			81	Name			į.
DIXON, TED M			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4555 QUAIL ROOST ROAD		$\sqcup$					
81. (	CLOUD FL 34772		83				ł
! 			84	City		85 Zip C	ode
					Fl	<b>-</b>	oniotorad
office or r	egistered agent or both in the State	of Florida, Such change was author	nzed by th	named corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	intment as reg	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes.		•		. [
SIGNATURE					( when reinstation) DATE	ت وسد. سسب	
12.	Signature, typed or printed name of registered age		13.	Siðirstrile ledniser	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	10 01112010110	1.1 TITLE			☐ Change	Addition
NAME	DIXON, TED M		1.2 NAME				i
STREET ADDRESS	4555 QUAIL ROOST ROAD		1.3 STREET A	ADDRESS			
CITY-ST-ZIP	ST. CLOUD FL 34772		1.4 CITY-ST-ZIP		·		
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	DIXON, KATHLEEN L	1:	2.2 NAME				
STREET ADDRESS	4555 QUAIL ROOST ROAD		2.3 STREET /	ADDRESS	and the second s		
CITY-ST-ZIP	ST. CLOUD FL 34772		2.4 CITY-ST-	- ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	
NAME							☐ Addition
STREET ADDRESS			3.2 NAME				Addition
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CITY-ST-ZIP			3.3 STREET A	-			_
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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 attantiment with an address, with all other like empowered.

SIGNATURE: