

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90008 026 ***150.00

0437335

DOCUMENT # **S35906**

1. Corporation Name

ANDREA SMOAK DIXON, INC.

Principal Place of Business

**414 CLOVERLEAF ROAD
LAKE PLACID FL 33852
US**

Mailing Address

**P.O. BOX 2890
LAKE PLACID FL 33862
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1991

4. FEI Number

59-3058453

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 675 S.E. LAKEVIEW DRIVE

2a. Mailing Address

26 675 S.E. LAKEVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SEBRING, FL

City & State

28 SEBRING, FL

Zip

Country

Zip

Country

24 33870-3317

25

29 33870-3317

30

9. Name and Address of Current Registered Agent

**ANDREW SMOAK DIXON
414 CLOVERLEAF ROAD
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent

81 Name

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

675 S.E. LAKEVIEW DRIVE

83

84 City **SEBRING**

FL

85 Zip Code

33870-3317

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 **ANDREA S. DIXON, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Andrea Smoak Dixon 3/10/99

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **DIXON, ANDREA S.**
STREET ADDRESS **414 CLOVERLEAF ROAD**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **D** ☐ DELETE
NAME **DIXON, ANDREA S.**
STREET ADDRESS **414 CLOVERLEAF ROAD**
CITY-ST-ZIP **LAKE PLACID FL**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**675 S.E. LAKEVIEW DRIVE
SEBRING, FL 33870-3317**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**675 S.E. LAKEVIEW DRIVE
SEBRING, FL 33870-3317**

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 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: **ANDREA S. DIXON** *Andrea S. Dixon*

3/10/99

(941) 386-1005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)