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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

DIXIE DAVENPORT FECHTEL, P.A.

FILED Feb 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Ad		Mailing Address		i statitus sai tinii aiais aitu alak stat aiais ait	is anns dinis nikis nikis ibus	
9800 S. HWY 441 SUITE 101 LEESBURG FL 34788		9900 S. HWY 441 SUITE 101 LEESBURG FL 34788		DO NOT WRITE IN THIS SPACE		
				3. Date incorporated or Qualified 05/22/1991		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3079656	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	irrent year Intangible	
24	25	29	30		Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
DAVENPORT-FECHTEL, DIXIE					CHTEL	
9800 S. HWY 441 SUITE 101 LEESBURG FL 34788			980	9800 US NWY 441 SUITE 101		
			83			
			84 City L	ÉESBURG FL	2ip Code 34788	
office or i		of Horida, Such change was a	ulhorized by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap		
SIGNATURE				, , , , , , , , , , , , , , , , , , , ,		
- 40	Signature, typed or prelied name of repetured age		. Registered Agent signature re-	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTORS IN 40	
12.	OFFICERS ANI	DELETE	13.			
	DAVENPORT-FECHTEL, DIXIE		1.2 NAME	DIVIT DAVENPORT F	ECHTEL.	
NAME	1101 9TH STREET	i	1.2 NAME	PRESIDENT DIXIE DAVENPORT F 9800 US NWY 441	SUITE 101	
STREET ADDRESS	LEESBURG FL 34748		1.3 STREET ADDRESS	LEES BURG, FL. 34	7 V X	
CITY-ST-ZIP TITLE	LEESBONG FL 34/40	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	LEES BURG, FC. DY	Change Addition	
NAME		[] better	2.1 TITLE 2.2 NAME		The Assessment of the Assessme	
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME		C. 555514	3.2 NAME		The stronge that statement	
STREET ADDRESS			3.3 STREET ADDRESS			

14. Thereby 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

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

64 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME 63 STREET ADDRESS

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

2/5/98

352-728-2224

Change

☐ Change

Addition

Addition