## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS Jul 23, 1999 8:00 am Secretary of State

**FILED** 

07-23-1999 90001 011 \*\*\*150.00

DOCUMENT #
1. Corporation Name

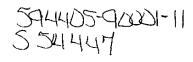
DIXIE DAVENPORT FECHTEL, P.A.

											<b>.</b> []   <b>       </b>		(			
Principal Place of Business Mailing Address													14 8/84) (	,		
9800 S. HWY 441 SUITE 101 9800 S. HWY 441 SUI						101										
LEESBURG FL 34788				LEESBURG FL 34788						DO NOT WRITE IN THIS SPACE						
									-	Date Incorporated or Qualified	L 114 11110 C					7
										05/22/1991						ì
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2. Principal Place of Business				26 -											licable	1
Suite, Apt. #, etc.				Suite, Apt. #, etc.					-	- 39 30/ 9030	<del></del>	\$8	.75 A			1
				27						5. Certificate of Status Desired			ee Red			
City & State				City & State					<del></del>	6. Election Campaign Financing			5.00	<del>-</del>		1
<del></del>				28						Trust Fund Contribution			dded to			
Zip Country			20	Zip Cour			intry		<del></del>	8. This corporation owes the curre	nt voor					ł
¬ '			20	29 30			201ta y			Intangible Personal Property.	in year	Yes		No		ļ
24 25 25 9. Name and Address of Current				<del></del>			1			10. Name and Address of New Registered Agent					1	
	<u> </u>	and Address of	our one reag	010100	- Agoni		81	Name								1
DIXI	E DAVENP	ORT FECHTEL					Ш									
9800 US HWY 441,							82 Street Addres			ress (P.O. Box Number is Not Acceptable)						
SUITE 101							83									1
	SBURG FL	34788					0.3									ł
	00011011	. 04700					84	City				85	Zip C	ode		1
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office or	registered as	gent, or both, in the vith, and accept the	State of Flo	rida. S	uch change was a	authorize	d by	the corpo	oration's	on submits this statement for the pu s board of directors. I hereby accep	t the appoint	ment	as reg	istere	ed	
SIGNATURE.	Signature, typed	or printed name of registe	ered agent and title	of applic	able. (N	OTE: Registe	ered A	gent signatur	re required	when reinstating)	DATE					ءَ
12.		OFFICE	RS AND DIR	ECTO	RS	13.		,		ADDITIONS/CHANGES TO OFF	ICERS AND	DIR	ECTO	RS IN	N 12	0/2
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NAME	DAVENP	ORT-FECHTEL, I	DIXIE			1.2 NA	AME									6
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6.4 CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied with this filling 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.



Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee FL 32302-1500

## Gentlemen:

Last week I received my SECOND NOTICE to file my corporation. I was surprised because I never received the FIRST NOTICE. I have paid my fee early every year. In fact, last year it was paid in February. I would appreciate your accepting the enclosed filing fee of \$150.00 since I did not receive the original bill.

Thank you for your consideration.

Sincerely,

Dixie Davenport Fechtel