


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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **S66792** (0)

1. Corporation Name
L. JAMES DICKSON, P.A.

Principal Place of Business
**13577 FEATHER SOUND DR
STE 190
CLEARWATER FL 34622
US**

Mailing Address
**PO BOX 17245
CLEARWATER FL 34622-0245
US**



3. Date Incorporated or Qualified **07/12/1991** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business 4707 140th Ave. N. Suite 309	2a. Mailing Address PO BOX 17245 CLEARWATER FL 34622-0245 US	4. FEI Number 59-3092826	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. Suite 309	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State Clearwater FL	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 34622	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DICKSON, L. JAMES
13577 FEATHER SOUND DR
SUITE 190
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81. Name **Dickson, L. James**
82. Street Address (P.O. Box Number is Not Acceptable) **4707 140th Ave. N., Suite 309**
83. **Clearwater**
84. **FL** 85. Zip Code **34622**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKSON, L. JAMES		1.2 NAME	4707 140th Ave. N., Suite 309
STREET ADDRESS 13577 FEATHER SOUND DR #190		1.3 STREET ADDRESS	Clearwater, FL 34622
CITY - ST - ZIP CLEARWATER FL		1.4 CITY - ST - ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICKSON, DANA W.		2.2 NAME	4707 140th Ave. N., Suite 309
STREET ADDRESS 13577 FEATHER SOUND DR #190		2.3 STREET ADDRESS	Clearwater, FL 34622
CITY - ST - ZIP CLEARWATER FL		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-97 813-531-2715

Date

Daytime Phone #

CR2E034 (9/96)