Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90154 014 ***317.50

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

DOCUMENT # **V46671**

1. Corporation Name

DICKINSON MANAGEMENT, INC.

Principal Place of Business Mailing Address		Mailing Address			t seelt diets billin diet ause imme inde	Ardit Ardit Billion and a	
400 TONEY PENNA DRIVE 400 TONEY PENNA DRIVE							
JUPITER FL 33458 JUPITER FL 33458					DO NOT WRITE IN	THIS SPACE	
us us				3. Date Incorporated or Qualifed	1110 01 702		
					06/23/1992		
2 Principal D	lace of Rusiness	2a. Mailing Address			4. FEI Number	T Ani	plied For
——————————————————————————————————————		·			65-0338626	<u> </u>	t Applicable
··		Suite, Apt. #, etc.	Suite. Apt. #, etc.			\$8.75 A	
27		27	· · · · · · · · · · · · · · · · · · ·		5. Certifcate of Status Desired	Fee Re	quired
- City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current ye		
4	25	29 30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent	
LIALL	CINI DANID K		81	Name			
VAUGHN, DAVID K.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
400 TONEY PENNA DR. JUPITER FL 33458			-				
JUPI	HER PL 33438		83				
			84	City	***	85 Zip C	Code
	<u> </u>				poration submits this statement for the purpo	FL C	
SIGNATURE	m familiar with, and accept the obligat	t and title if applicable. (NOTE: Re	gistered Age		2,	TE SUBSCITE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PDT	☐ DELETE	1.1 TITLE			☐ Citainge	☐ Modition
NAME	VAUGHN, DAVID K.		1.2 NAME				
STREET ADDRESS	100 101121 121101 0111-2			TADDRESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	T-ZIP		☐ Change	Addition
TITLE ·	VOS	~		Ì		□ ouendo	
NAME	SPRINGER, SHERIDAN M		2.2 NAME				ı
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	5 5	Change	Addition
TITLE			3.1 IIILE				
NAME				TADORESS			
STREET ADORESS			3.3 STREE				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	51-2IF		☐ Change	Addition
NAME :			4, 2 NAME			_ ·	_
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				,
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		•		i
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME		į	62 NAME	ļ			ļ

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 of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

UNINTURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID K. VACCHN