

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 13

DOCUMENT # **V62852** (1)

1. Corporation Name
ROY DICKIE COMPANY

Principal Place of Business Mailing Address
~~REG-04~~ ~~SEE-100~~ ~~REG-04~~ ~~SEE-100~~
TAMPA FL 33609 TAMPA FL 33609
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **402 Reo St.** 26 **402 Reo St.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste. 113** 27 **Ste. 113**
City & State City & State
23 Zip Country 28 Zip Country

3. Date Incorporated or Changed 3a. Date of Last Report
09/10/1992 **06/17/1994**
4. FEI Number Applied For
59-3140705 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 has liability for intangible tax under S 199.03, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DICKIE, ROY K.
~~REG-STREET~~
~~SEE-100~~
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Applicable)
402 Reo St.
83 **Suite 113**
84 City **FL** 85 Zip State

11. Pursuant to the provisions of Sections 607.0507 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 familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	DICKIE, ROY K.
NAME	DICKIE, ROY K.
STREET ADDRESS	402 REG ST, 100
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	402 Reo Street, Suite 113	
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information furnished with this filing is true and correct, and that I am a resident of the State of Florida. I further certify that the information contained in this annual report or supplementary annual report is true and accurate and that the signatories listed have the same responsibility as if made under oath, that each one of the officers of this corporation in this year is duly empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an additional officer.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95 (813)282-9118