

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V62852 (1)
 1. Corporation Name
ROY DICKIE COMPANY



Principal Place of Business 5810-F WEST CYPRESS ST SUITE 113 TAMPA FL 33607 US	Mailing Address 5810-F WEST CYPRESS ST SUITE 113 TAMPA FL 33607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>5810-F West Cypress St.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>5810-F West Cypress St.</u> Suite, Apt. #, etc.
22 City & State 23 <u>Tampa, FL</u> Zip	27 City & State 28 <u>Tampa, FL</u> Zip
24 <u>33607</u> Country	25 <u>USA</u> Country
29 <u>33607</u> Country	30 <u>USA</u> Country

3. Date Incorporated or Qualified <u>09/10/1992</u>	4. FEI Number <u>59-3140705</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
DICKIE, ROY K.
5810-F WEST CYPRESS ST
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name <u>DICKIE, ROY K.</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>5810-F WEST CYPRESS ST</u>
83
84 City <u>TAMPA</u>
85 Zip Code <u>FL 33607</u>

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] **ROY K. DICKIE, PRES.** DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<u>P</u> <input type="checkbox"/> DELETE
NAME	<u>DICKIE, ROY K.</u>
STREET ADDRESS	<u>5810-F WEST CYPRESS ST</u>
CITY-ST-ZIP	<u>TAMPA FL</u>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: [Signature] **ROY K. DICKIE, PRES.** (813) 282-9119

CR2E034 (10/97)