

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 008645 (4)

1. Corporation Name
DIXIE GROVES AND CATTLE COMPANY

FILED
95 JAN 27 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P O BOX 550 P O BOX 550
220 S. POLK AVENUE 220 S. POLK AVENUE
ARCADIA FL 33821 ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 218 S. Polk Ave. 26 P.O. Box 550
Suite, Apt. # etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Arcadia, FL 28 City & State
Zip Country Zip Country
24 33821 25 DeSoto 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
05/20/1918 02/15/1994
4. FEI Number Applied For
59-6059685 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT L. SUMMERALL, JR.
2418 S.E. AIRPORT RD.
ARCADIA FL 33821

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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 list if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SUMMERALL, MYRTLE
STREET ADDRESS	2418 S.E. AIRPORT RD.
CITY - ST - ZIP	ARCADIA FL
TITLE	VDT
NAME	SUMMERALL, ROBERT L. J
STREET ADDRESS	2418 S.E. AIRPORT RD.
CITY - ST - ZIP	ARCADIA FL
TITLE	DP
NAME	MIXON, BOBBY C.
STREET ADDRESS	1500 S.E. REYNOLDS ST.
CITY - ST - ZIP	ARCADIA FL
TITLE	V
NAME	MIXON, BARBARA
STREET ADDRESS	1500 S.E. REYNOLDS ST.
CITY - ST - ZIP	ARCADIA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Robert L. Summerall, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-95 P13-494-1551
Date (Printed Name)