**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**
**AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:58

DOCUMENT # **H38832** **(2)**

1. Corporation Name

**DIXIE PAVING AND GRADING COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4329 W PENSACOLA ST<br>P O BOX 37100<br>TALLAHASSEE FL 32315 | 4329 W PENSACOLA ST<br>P O BOX 37100<br>TALLAHASSEE FL 32315 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1985
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21: 5401 Tower Road
Suite, Apt. #, etc. 22:
City & State 23: Tallahassee, Fl
Zip 24: 32304 County 25: Leon

2a. Mailing Address
26: P.O. Box 37100
Suite, Apt. #, etc. 27:
City & State 28: Tallahassee, Fl
Zip 29: 32317 County 30: Leon

4. FEI Number: 59-2471018 ☐ Applied For ☐ 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. The 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 |
|---|---|
| HARRELSON, GLEN C.<br>4329 W PENSACOLA<br>BOX 37100<br>TALLAHASSEE FL 32315 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable): 5401 Tower Road<br>83<br>84 City: FL 85 Zip Code: 32304 |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 11 TITLE | | ☑ Change ☐ Addition |
| NAME | HARRELSON, GLEN C. | 12 NAME | | |
| STREET ADDRESS | 4329 W PENSACOLA | 13 STREET ADDRESS | 5401 Tower Rd | |
| CITY-ST-ZIP | TALLAHASSEE FL | 14 CITY-ST-ZIP | 32304 | |
| TITLE | V | 21 TITLE | | ☑ Change ☐ Addition |
| NAME | HARRELSON, JONATHAN G. | 22 NAME | | |
| STREET ADDRESS | 2142 FAULK DR | 23 STREET ADDRESS | 5401 Tower Rd | |
| CITY-ST-ZIP | TALLAHASSEE FL | 24 CITY-ST-ZIP | 32304 | |
| TITLE | T | 31 TITLE | | ☑ Change ☐ Addition |
| NAME | REGISTER, CATHY | 32 NAME | Cathy Harrelson | |
| STREET ADDRESS | RT 2 BOX 412 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | HAVANA FL | 34 CITY-ST-ZIP | | |
| TITLE | S | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | SCARBARY, TRACY | 42 NAME | | |
| STREET ADDRESS | 2142 FAULK DR | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE FL | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

CR2E034 (3/95)

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 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:** Cathy Harrelson Cathy Harrelson 6-13-95 904/562-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012903 FP