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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H38832 (2)
1. Corporation Name
DIXIE PAVING AND GRADING COMPANY, INC.



Principal Place of Business: **5401 TOWER ROAD TALLAHASSEE FL 32304 US**
Mailing Address: **P.O. BOX 37100 TALLAHASSEE FL 32315-7100 US**

3. Date Incorporated or Qualified: **01/22/1985** 3a. Date of Last Report: **04/25/1996**
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**
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**HARRELSON, GLEN C.
5401 TOWER ROAD
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P <input type="checkbox"/> DELETE	HARRELSON, GLEN C.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARRELSON, GLEN C.	5401 TOWER RD	1.2 NAME:	
STREET ADDRESS: 5401 TOWER RD	TALLAHASSEE FL	1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: V <input checked="" type="checkbox"/> DELETE	HARRELSON, JONATHAN G.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARRELSON, JONATHAN G.	5401 TOWER ROAD	2.2 NAME:	
STREET ADDRESS: 5401 TOWER ROAD	TALLAHASSEE FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: T <input type="checkbox"/> DELETE	HARRELSON, CATHY	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: HARRELSON, CATHY	RT 2 BOX 412	3.2 NAME:	
STREET ADDRESS: RT 2 BOX 412	HAVANA FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: S <input type="checkbox"/> DELETE	SCARBARY, TRACY	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SCARBARY, TRACY	2142 FAULK DR	4.2 NAME:	
STREET ADDRESS: 2142 FAULK DR	TALLAHASSEE FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do 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 13 of this report, or in an attachment with an address.

SIGNATURE: *Cathy Harrelson* *Cathy Harrelson* 4-15-97 904/562-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)