FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000010777 (8)

1. Corporation Name

UNCLE DIXIE'S FOODS, INC.

Principal Place of Business

360 N.W. 40TH STREET
MIAMI FL 33127

Mailing Address

360 N.W. 40TH STREET
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date In Corporated or Qualified: **02/03/1994**

3a. Date of Last Report

4. FEI Number: **65-047 3096** ☐ Applied For ☐ Not Applicable

5. Old Number, If 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

2. Principal Place of Business
21
22 State, Apt. #, or Street
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 State, Apt. #, or
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

HOLLIDAY, BEN
360 N.W. 40TH STREET
MIAMI FL 33127

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 607.1605, 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 changes were 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLLIDAY, BEN
STREET ADDRESS	360 N.W. 40TH STREET
CITY-ST-ZIP	MIAMI FL 33127
TITLE	D
NAME	HOLLIDAY, KATHERINE
STREET ADDRESS	6195 N.W. 186TH STREET, APT. 208
CITY-ST-ZIP	MIAMI FL 33015
TITLE	D
NAME	OLEABHIELE, YVONNE L
STREET ADDRESS	6115 N.W. 186TH STREET, APT. 205
CITY-ST-Z	MIAMI FL 33015
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

1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE	☐ Change	☐ Addition
3 NAME		
4 STREET ADDRESS		
5 CITY-ST-ZIP		
3 TITLE	☐ Change	☐ Addition
4 NAME		
5 STREET ADDRESS		
6 CITY-ST-ZIP		
4 TITLE	☐ Change	☐ Addition
5 NAME		
6 STREET ADDRESS		
7 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
6 TITLE	☐ Change	☐ Addition
7 NAME		
8 STREET ADDRESS		
9 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: BEN HOLLIDAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 573-2402
Daytime Phone Number