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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700083897 (3)

DIXIE MOVERS OF CITRUS COUNTY, INC.

Principal Place of Business Mailing Address 5105 8 ALDEN AVE 5105 S ALDEN AVE INVERNESS FL 34452 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DIDSBURY, MICHAEL 5105 S ALDEN AVE Street Address (P.O. Box Number is Not Acceptable) 82 **INVERNESS FL 34452** 83 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.

agent. Fair raining with, and accept the congations of, occion our coos, righted stateles.						
SIGNATURE						
Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF	IS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PRESIDENT	DELETE	1.1 TITLE		Change	■ Addition
NAME	DIDSBURY, MICHAEL		1.2 NAME			
STREET ADDRESS	5105 S ALDEN AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34452		1.4 CITY-ST-ZIP			
TITLE	DSECRETARY / TREASURED	DELETE	21 TITLE		☐ Change	☐ Addition
NAME	DIDSBURY, SHARON		2.2 NAME			
STREET ADDRESS	5105 S ALDEN AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	INVERNESS FL 34452		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZW			4.4 CITY - ST-ZIP			
TITLE		DELETE	5.1 T(TLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CRY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY CT 210			6 A CITY . ST., 7ID			

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.

FILED

Apr 13 1998 8:00am

Secretary of State