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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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H38832

(2)

DOCUMENT #

1. Corporation Name

DIXIE F	PAVING AND GRADING CO								
Principal Place o	f Business	Mailing Address				1 1001011 0100 11101 14161 18160 111	W 1181 B1811 B1	#() = (= ()	01011 01011 1001
·		P.O. BOX 37100							
5401 TOWER ROAD P.O. BOX 37100 TALLAHASSEE FL 32304 TALLAHASSEE FL 32317			2317						
US		US			3. Date Incorporated or Qualified	1	of Last Rep	. 1	
						01/22/1985		06/20/19	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			pplied For
21	•	26 Suite, Apt. #, etc.				1 00 E41 10 10			lot Applicable
Suite, Apt. #,	etc.					5. Certificate of Status Desired	[]	\$8.75 Additional Fee Required	
22		27							
City & Stat∈		City & State				Election Campaign Financing Trust Fund Contribution	\Box		May Be
23		28	T 0-			8. This corporation has liability for i	ntangible ta		
Zip	Country	Zip	30	rttry		Florida Statutes Yes	∏No	X direct E	
24	9. Name and Address of Current	29 Agent	30	_		10. Name and Address of New R		Agent	
	9. Name and Address of Current	t negistered Agent		В1	Name				
					-	dress (P.O. Box Number is Not Acceptate	Jal		
	LSON, GLEN C.			82	Street Aoc	dress (P.O. Box Number is Not Acceptan	10)		
	OWER ROAD			83					
TALLAH	iassee fl 32304							85 Zip	Code
				84	City		FL	. ` `	
54 Duraupal to	the provisions of Sections 607 0502	and 607,1508, Flor da Statu	ites, the abo	L	named corpo	oration submits this statement for the pul ard of directors. I hereby accept the app	pose of chr	anging its re	agistered office
or registere	d agent, or both, in the State of Florid	da. Such change was author	ized by the	corp	oration's bo	cration submits this statement for the pur ard of directors. I hereby accept the app	ointment as	registered	agent. rain
l familiar with İ	n, and accept the objections of, sections	- Honga Statute					4-2.	3.96	
SIGNATURE _	typed or printed name of registered agent	and ritle if applicable. (f	NOTE Registere	J Ager	nt signature requi	racl when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF			Addition
TITLE	P	☐ DELETE	1.1	TITLE	1		ľ	☐ Change	
NAME	HARRELSON, GLEN C.		1.2 M	LAME					
STREET ADDRESS	5401 TOWER RD		139	TREF	ADDRESS				
CITY-S1-ZIP	TALLAHASSEE FL		1.4 (HY-	ST-ZIP			Change	Addition
TITLE	V	☐ DELETE		TITLE			ı	Change	[] Mac (161)
NAME	HARRELSON, JONATHAN (G.		AME					
STREET ADORESS	5401 TOWER ROAD				T ADDRESS				
CHY-ST-ZIP	TALLAHASSEE FL	PT DELETE			ST-ZIP			Change	Addition
TITLE	7	DELETE		TITLE	ļ		'		_
NAME	HARRELSON, CATHY			SMAN					
STREET ADDRESS	RT 2 BOX 412				ET ADDRESS				
CITY - ST - ZIF	HAVANA FL	TO DELETE		TITLE	ST-ZIP			Change	☐ Addition
TITLE	\$		•	NAME					
NAME	SCARBARY, TRACY								
STREET ADDRESS	2142 FAULK DR				ST-ZIP				
CITY-S1-ZIP	TALLAHASSEE FL	DELETE		TITLE				Change	Addition
TITLE				NAME					
NAME					T ADDRESS				
STREET ADDRESS			1		ST-ZIP				
CITY ST-ZIP		DELFTE		THLE				Change	☐ Addition
TITLE		<u></u>		NAME					
NAME					ET ADDRESS				
STREET ADDRESS					-ST-ZIP				
3 PHY. N. 1919	i e							terrinin Canal	doc I further

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)(k), Fiorida 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information is signature shall have the same legal effect as if made under certify that the information is signature shall have the same legal effect as if made under certification is true and accurate and that my signature shall have the same legal effect as if made under certification is true and accurate and that my signature shall have the same legal effect as if made under certification is true and accurate and tha

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