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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # PORT DIXIE ENTERPRISES, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(3)

FILED May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			T FOR DIE DIENE BIRDE BIRDE COLOR BILLE	811 81811 81811 B	AND WHOLL BIRST	1 040K 4001
P.O. BOX 2733 ARLINGTON VA 222 02		P.O. BOX 2733 ARLINGTON VA 22202		DO NOT WRIT	E IN THIS SF	ACE.		
					3. Date Incorporated or Qualified			
					01/18/1974			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For			
21		26			59-1579523		No	t Applicable
Suite, Apt	#, e tc.	Suite, Apt. #, etc.			- 5. Certificate of Status Desired	[W	\$8.75 A	
22		27			C. Continuate of Status Besides		Fee Re	quired
City & State	•	City & State			6. Election Campaign Financing	P****	\$5.00	
23		28	7		Trust Fund Contribution		Added to	
Zip	Country	Zip	Coun	try	8. This corporation owes or has p	_	<i>-</i>	
24	[25]	[29]	30		Personal Property Tax due Jun 10, Name and Address of New R			J No
	9, Name and Address of Curren	Hegistered Agent		31 Name	10. Name End Address of New H	adiate an W	Join	
	Chors, C. Ledon			Name				
200 MAR WALT DR			[4	32 Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
	ITE 1014			33				
FT.	WALTON BEACH FL 32548		["	23				
			ļī	34 City		FL	85 Zip (Code
		0 1007 4500 51-11-01-4			orporation submits this statement for the		hanging it	e registered
office or re	io the provisions of Sections 607.000. egi <mark>stered agent, or both, in t</mark> he State m familiar with, and accept the obliga	of Florida. Such change was	.authorized	by the corpo	ration's board of directors. Fhereby acce	ept the appo	ntment as	registered
SIGNATURE					quired when reinstating)	DATE		
10	Signature, typed or printed name of registered age OF EICERS AND		13.	Ageni signature re	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
12.	CPD	DELETE	11788	.E			Change	☐ Addition
NAME	PEDONE, VITO G.	<u></u>	1.2 NAM					
STREET ADDRESS	909 MAR WALT DR.,#1014			EET ADDRESS				
CITY-ST-ZIP	FT WALTON BCH FL			Y - ST - 7IP				
TITLE	STD	DELETE	2.1 TITU			Ţ	Change	Addition
NAME	PEDONE, STEPHEN V		2.2 NAM	AE				
STREET ADDRESS	909 MAR WALT DR.,#1014		2.3 STR	EET ADDRESS			/	
CITY-ST-ZIP	FT WALTON BCH FL		2. 4 CIT	Y - S1 - ZIP				
TITLE	VD	DELETE	3.1 1(1)				Change	☐ Addition
NAME	PEDONE, MERRIE DAVIS		3.2 NA	ME	ما ما ما م			
STREET ADDRESS	909 MAR WALT DR #104		3.3 \$18	EET ADDRESS	delete			
CITY-ST-ZIP	FT WALTON BCH FL		3.4. CIT	Y - S1 - ZIP				
TITLE		DELETE	4 1 111	_E		1	Change	Addition
NAME			4 2 NA	ME				
STREET ADDRESS			4 3 S1F	IEET ADDRESS	•			
CITY-ST-ZIP			4 4 CIT	Y-ST-ZIP				
TITLE		DELETE	5.1 TIT	.E			Change	Addition
NAME			5.2 NAI	ME			•	
STREET ADDRESS			5.3 \$16	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-\$1-ZIP				
TITLE		DELETE	6 1 TIT	LE	8000025 1 -05/05/98010 ***150.00	เพร	Change	■ Addition
NAME	•		6.2 NA	ME	-05/05/98010	113-114	1	
STREET ADDRESS			6.3 \$16	REET ADDRESS	###150 00	~ 4H.	_	
CITY-ST-ZIP				Y-ST-ZIP		A 450		
1	and the state of t	ub this films close not qualify	for the eve	mation stated	Lin Section 119 07/3)(i) Florida Statutes	A MINISTER OF	rity that the	Information

that the same groups not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes of Wither Strify that the information tall appeals report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an environ or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in factiment with an address.