

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 231918

Entity Name: DIXIE CONTRACT CARPET, INC.**Current Principal Place of Business:**7523 PHILLIPS HWY
JACKSONVILLE, FL 32216**Current Mailing Address:**P.O. BOX 551260
JACKSONVILLE, FL 32255**FEI Number:** 59-0902287**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBSON, LEO
7523 PHILLIPS HWY
JACKSONVILLE, FL 32216 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	V
Name	JACOBSON, SAM
Address	7523 PHILLIPS HWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	D, V, S
Name	JACOBSON, SHEILA I
Address	7523 PHILLIPS HWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	PTD
Name	JACOBSON, LEO
Address	7523 PHILLIPS HWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	ASST. SECRETARY
Name	KRUG, MAE
Address	7523 PHILLIPS HWY
City-State-Zip:	JACKSONVILLE FL 32216

Title	D
Name	SASSARD, CHERYL
Address	5150 BELFORT ROAD, BLDG. 100
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEO JACOBSON**P****02/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date