FILE NOW. FILING FEE AUDIT NOT IS $550.00

~~PROFIT~~ CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 MAR -4 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 152093

1. Corporation Name
DIXIE BUILDING SUPPLIES, INC.

Principal Place of Business	Mailing Address
1500 N. DALE MABRY HIGHWAY TAMPA FL 33607	1500 N. DALE MABRY HIGHWAY TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1947

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 59-0567207 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Tax Dept. 7-East	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip 25 Country	29 Zip 30 Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM REGISTERED OFFICE
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HYATT, KENNETH E		1.2 NAME	
STREET ADDRESS	1500 N DALE MABRY		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTER, EDWARD A		2.2 NAME	
STREET ADDRESS	1500 N DALE MABRY		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL, ROBERT W.		3.2 NAME	
STREET ADDRESS	1500 N DALE MABRY		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EISCH, CYNTHIA B		4.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HIGHWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		4.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FJELSTUL, DEAN M		5.2 NAME	
STREET ADDRESS	1500 N DALE MABRY HWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HULT, FRANK A		6.2 NAME	
STREET ADDRESS	1500 N. DALE MABRY HIGHWAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		6.4 CITY-ST-ZIP	

CR2E034 (11/96)

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****150.00 ****150.00

$8.75

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, with all other like empowered.

SIGNATURE: By: DIXIE BUILDING SUPPLIES, INC. Asst. Treasurer 1/29/99 (813)871-4273
Name and Title of Florida Officer or Director — Date — Daytime Phone #