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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 172317 (0)

1. Corporation Name
DIXIE YORK CORPORATION

Principal Place of Business
1800 OLEVIA ST.
JACKSONVILLE FL 32207-0438

Mailing Address
1800 OLEVIA ST.
JACKSONVILLE FL 32207-3438



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

HINCKLEY, PAUL C JR
1545 MARCO PLACE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

02/13/1953

3a. Date of Last Report

04/10/1996

4. FEI Number

59-0824407

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CARROLL, EVERETT G | |
| STREET ADDRESS | 19220 S. ST. ANDREWS | |
| CITY - ST - ZIP | HALEAH FL | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | LAFFERTY, ROBERT S. | |
| STREET ADDRESS | 3 GROVE ISLE DRIVE #710 | |
| CITY - ST - ZIP | COCONUT GROVE FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | LAFFERTY, ROBERT S. | |
| STREET ADDRESS | 3 GROVE ISLE DRIVE #710 | |
| CITY - ST - ZIP | COCONUT GROVE FL | |
| TITLE | ATS | <input type="checkbox"/> DELETE |
| NAME | MCKENZIE, PEGGY A. | |
| STREET ADDRESS | ROUTE 3, BOX 77 | |
| CITY - ST - ZIP | CALLAHAN FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HINCKLEY, PAUL C., JR. | |
| STREET ADDRESS | 1545 MARCO PLACE | |
| CITY - ST - ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|------------------------|--|
| 1.1 TITLE | TS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | McKenzie, Peggy A. | |
| 1.4 CITY - ST - ZIP | Route 3 Box 77 | |
| 2.1 TITLE | Callahan FL | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | AS | |
| 2.3 STREET ADDRESS | White, Jerry W. | |
| 2.4 CITY - ST - ZIP | 218 Lake Asbury Drive | |
| 3.1 TITLE | Green Cove Springs, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

14. I do 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.

[Signature]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97 904 398-1585
Date Daytime Phone #

CR2E034 (9/96)