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

PROFIT CORPORATION ANNUAL REPORT

1997

DIXIE OIL CO FLA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 204053

(3)

FILED May 29 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						ILBIK BABAN BILDIK BILDIK BILDIK BILDIK (BUDI	
P O BOX 1007 P O BOX 1007 HWY B2 EAST HWY 82 EAST TIFTON GA 31783 TIFTON GA 31783-1007							
				3. Date Incorporated or Qualified			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		58-0695435	Not Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		57 Commode of Citates Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		1 rust Fund Contribution Added to Fees			
Zip	Country	Zip Count		lry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 Name and Address of Current	25 29 30 9, Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent		
1 1615		it negistered Agent		Name	10. Name and Address of New Heg	istered Agent	
LINDSEY,W F				Name	Name		
	LIVE OAK PLANTATION	82 Street Ad		Street Add	ddress (P.O. Box Number is Not Acceptable)		
IALI	LAHASSEE FL 32312	83		12			
				13	•		
			ε	4 City		85 Zip Code	
## Discourant	40.000000	0 1007 4500 5: :1 0: 4		<u> </u>			
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	tes, the and authorized orida Statu	ove-named cor by the corpora les.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
SIGNATURE						ļ	
40	Signature, typod or printed name of registered age			lgent signature requ	red when reinstaling)	DATE	
12. TITLE	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	······································	
NAME	LINDSEY,BOBBY	F") DEFEIE	1.1 3/LE			☐ Change ☐ Addition [3	
	MELBA DRIVE		1.2 NAM			[3	
STREET ADDRESS	TIFTON GA		1	E1 ADDRESS		إإ	
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	- \$1 - ZIP -			
NAME	LINDSEY,W F	L., DELCTE	2.1 HILE	ŀ		☐ Change ☐ Addition ☐	
STREET ADDRESS	901 LIVE OAK PLANTATION	N ANTATION					
. "	TALLAUAGGEE EL			ET ADDRESS			
CITY-ST-ZIP TITLE	D	DELETE	2 4 CITY 3 1 TITLE	′-\$ĭ-ZIP		Change Addition	
NAME	LINDSEY,MRS. W.F.	DELET	3 2 NAM	•			
STREET ADDRESS	901 LIVE OAK PLANTATION			ET ADDRESS	DAIR		
CITY-ST-ZIP	TALLAHASSEE FL				PAIC	<i>,</i>	
TITLE	ST	DELETE	4.1 TITU	'-ST-7IP			
NAME	MCCALL, W.A.		4. 2 NAN		APR 1 7 199)7	
STREET ADDRESS	2201 MEADOWBROOK DR.		1	E1 ADDRESS	100 100	"	
CITY-ST-ZIP	TIFTON GA		4.4 CITY		26'	7 Q	
TITLE		DELETE	5.1 TITLE		CHECK #/9	Change Addition	
NAME		- -	5.2 NAM				
STREET ADDRESS			. I	ET ADDRESS		Shy spalat	
CITY-ST-ZIP			5.4 CITY			カリタクリプヤ	
TITLE						Change Addition	
NAME			62 NAM		600002201 -06/09/970110		
STREET ADDRESS				ET ADDRESS	-06/09/970110	1009	
CITY-ST-ZIP			6.4 CiTY-ST- ZIP		***165.08		
0111101120			5.4 CilY	-01-711			

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.