


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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 204053 (3)

1. Corporation Name
DIXIE OIL CO FLA



DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 1007 HWY 82 EAST TIFTON GA 31793		Mailing Address P O BOX 1007 HWY 82 EAST TIFTON GA 31793	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-0695435	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

3. Date Incorporated or Qualified
07/05/1957

9. Name and Address of Current Registered Agent

LINDSEY, W F
901 LIVE OAK PLANTATION
TALLAHASSEE FL 32312

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LINDSEY, BOBBY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELBA DRIVE	1.2 NAME	
STREET ADDRESS	TIFTON GA	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D LINDSEY, W F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	901 LIVE OAK PLANTATION	2.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D LINDSEY, MRS. W.F.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	901 LIVE OAK PLANTATION	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	ST MCCALL, W.A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2201 MEADOWBROOK DR.	4.2 NAME	
STREET ADDRESS	TIFTON GA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE: *W.A. McCall* Secretary Treasurer **4/14/98 912-382-5112**

CR2E034 (10/97)