

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 206519

(1)

1. Corporation Name
DIXIE GROVES ESTATES, INC.



Principal Place of Business
**5645 NEBRASKA AVE
NEW PORT RICHEY FL 34652-2694**

Mailing Address
**5645 NEBRASKA AVE
NEW PORT RICHEY FL 34652-2694**

3. Date Incorporated or Qualified 10/07/1957	3a. Date of Last Report 04/04/1995
4. FEI Number 59-0861845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**POTTER, FRANK W
7210 JASMINE DR
NEW PORT RICHEY FL 34652-8330**

81. Name	
82. Street Address (P.O. Box Numbers Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(7) and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
<table border="1"> <tr> <td>12.1 TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.2 NAME</td> <td>POTTER, FRANK W</td> <td></td> </tr> <tr> <td>12.3 STREET ADDRESS</td> <td>7210 JASMINE DR</td> <td></td> </tr> <tr> <td>12.4 CITY-STATE-ZIP</td> <td>NEW PORT RICHEY FL</td> <td></td> </tr> <tr> <td>12.5 TITLE</td> <td>STD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.6 NAME</td> <td>ALLGOOD, SAM Y., JR.</td> <td></td> </tr> <tr> <td>12.7 STREET ADDRESS</td> <td>5645 NEBRASKA AVENUE</td> <td></td> </tr> <tr> <td>12.8 CITY-STATE-ZIP</td> <td>NEW PORT RICHEY FL</td> <td></td> </tr> <tr> <td>12.9 TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.10 NAME</td> <td></td> <td></td> </tr> <tr> <td>12.11 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.12 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.13 TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.14 NAME</td> <td></td> <td></td> </tr> <tr> <td>12.15 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.16 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.17 TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.18 NAME</td> <td></td> <td></td> </tr> <tr> <td>12.19 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.20 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	12.1 TITLE	PD	<input type="checkbox"/> DELETE	12.2 NAME	POTTER, FRANK W		12.3 STREET ADDRESS	7210 JASMINE DR		12.4 CITY-STATE-ZIP	NEW PORT RICHEY FL		12.5 TITLE	STD	<input type="checkbox"/> DELETE	12.6 NAME	ALLGOOD, SAM Y., JR.		12.7 STREET ADDRESS	5645 NEBRASKA AVENUE		12.8 CITY-STATE-ZIP	NEW PORT RICHEY FL		12.9 TITLE		<input type="checkbox"/> DELETE	12.10 NAME			12.11 STREET ADDRESS			12.12 CITY-STATE-ZIP			12.13 TITLE		<input type="checkbox"/> DELETE	12.14 NAME			12.15 STREET ADDRESS			12.16 CITY-STATE-ZIP			12.17 TITLE		<input type="checkbox"/> DELETE	12.18 NAME			12.19 STREET ADDRESS			12.20 CITY-STATE-ZIP			<table border="1"> <tr> <td>13.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.4 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.5 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.6 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.7 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.8 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.9 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.10 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.11 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.12 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.13 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.14 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.15 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.16 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.17 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.18 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.19 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.20 CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME			13.3 STREET ADDRESS			13.4 CITY-STATE-ZIP			13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME			13.7 STREET ADDRESS			13.8 CITY-STATE-ZIP			13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME			13.11 STREET ADDRESS			13.12 CITY-STATE-ZIP			13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME			13.15 STREET ADDRESS			13.16 CITY-STATE-ZIP			13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.18 NAME			13.19 STREET ADDRESS			13.20 CITY-STATE-ZIP		
12.1 TITLE	PD	<input type="checkbox"/> DELETE																																																																																																																							
12.2 NAME	POTTER, FRANK W																																																																																																																								
12.3 STREET ADDRESS	7210 JASMINE DR																																																																																																																								
12.4 CITY-STATE-ZIP	NEW PORT RICHEY FL																																																																																																																								
12.5 TITLE	STD	<input type="checkbox"/> DELETE																																																																																																																							
12.6 NAME	ALLGOOD, SAM Y., JR.																																																																																																																								
12.7 STREET ADDRESS	5645 NEBRASKA AVENUE																																																																																																																								
12.8 CITY-STATE-ZIP	NEW PORT RICHEY FL																																																																																																																								
12.9 TITLE		<input type="checkbox"/> DELETE																																																																																																																							
12.10 NAME																																																																																																																									
12.11 STREET ADDRESS																																																																																																																									
12.12 CITY-STATE-ZIP																																																																																																																									
12.13 TITLE		<input type="checkbox"/> DELETE																																																																																																																							
12.14 NAME																																																																																																																									
12.15 STREET ADDRESS																																																																																																																									
12.16 CITY-STATE-ZIP																																																																																																																									
12.17 TITLE		<input type="checkbox"/> DELETE																																																																																																																							
12.18 NAME																																																																																																																									
12.19 STREET ADDRESS																																																																																																																									
12.20 CITY-STATE-ZIP																																																																																																																									
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
13.2 NAME																																																																																																																									
13.3 STREET ADDRESS																																																																																																																									
13.4 CITY-STATE-ZIP																																																																																																																									
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
13.6 NAME																																																																																																																									
13.7 STREET ADDRESS																																																																																																																									
13.8 CITY-STATE-ZIP																																																																																																																									
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
13.10 NAME																																																																																																																									
13.11 STREET ADDRESS																																																																																																																									
13.12 CITY-STATE-ZIP																																																																																																																									
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
13.14 NAME																																																																																																																									
13.15 STREET ADDRESS																																																																																																																									
13.16 CITY-STATE-ZIP																																																																																																																									
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
13.18 NAME																																																																																																																									
13.19 STREET ADDRESS																																																																																																																									
13.20 CITY-STATE-ZIP																																																																																																																									

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and I create 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 secretary or treasurer or authorized 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 affidavit.

SIGNATURE: *Frank W. Potter* Frank W. Potter President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 847-4782
Date Filing Fee

CR2E034 (12/95)