

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

**FILED**

**97 MAY -1 AM 10:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 206519**

1. Corporation Name  
**Dixie Groves Estates Inc.**

Principal Place of Business Mailing Address  
**P.O. Box 845  
New Port Richey, FL 34656** **Same**

3. Date Incorporated or Qualified **10/07/1957** 3a. Date of Last Report **4-30-96**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For  
**P.O. Box 845** **P.O. Box 845** **59-0861845**  Not Applicable

22. State, Apt. #, etc. 27. Suite, Apt. #, etc. 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

81 Name **Judson F. Potter**  
82 Street Address (P.O. Box Number is Not Acceptable) **5914 Wyoming Ave.**  
83  
84 City **New Port Richey** FL 85 Zip Code **34652**

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 **Judson F. Potter, Registered Agent** DATE **4-28-97**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE	1.1 TITLE <b>P.O., U.P., Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 NAME	1.2 NAME <b>Judson F. Potter</b>
1.2 STREET ADDRESS	1.3 STREET ADDRESS <b>5914 Wyoming Ave.</b>
1.3 CITY-ST-ZIP	1.4 CITY-ST-ZIP <b>New Port Richey, FL 34652</b>
<input type="checkbox"/> DELETE	2.1 TITLE <b>S, T Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 NAME	2.2 NAME <b>Matthew A. Potter</b>
2.2 STREET ADDRESS	2.3 STREET ADDRESS <b>6319 Conniewood Sw.</b>
2.3 CITY-ST-ZIP	2.4 CITY-ST-ZIP <b>New Port Richey, FL 34653</b>
<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME	3.2 NAME
3.2 STREET ADDRESS	3.3 STREET ADDRESS
3.3 CITY-ST-ZIP	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME	4.2 NAME <b>600002167886</b> <input type="checkbox"/> Addition
4.2 STREET ADDRESS	4.3 STREET ADDRESS <b>-05/06/97--01102--007</b>
4.3 CITY-ST-ZIP	4.4 CITY-ST-ZIP <b>****165.00 ****165.00</b>
<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME	5.2 NAME
5.2 STREET ADDRESS	5.3 STREET ADDRESS
5.3 CITY-ST-ZIP	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	6.2 NAME
6.2 STREET ADDRESS	6.3 STREET ADDRESS
6.3 CITY-ST-ZIP	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 included 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 **Judson F. Potter, President Judson F. Potter** DATE **4-28-97** (813)845-1530

CR2E034 (9/96)

**JB52-97**