FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **234734** **(2)**

1. Corporation Name

DIXIE MOTOR SUPPLY CO.

Principal Place of Business	Mailing Address
198 N WESTMORELAND DR ORLANDO FL 32805 US	198 N WEST MORELAND ORLANDO FL 32805 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1960
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-0895407 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MYERS, SHANNON
6022 AMBERLY AVE.
ORLANDO FL 32822

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 Shannon Myers, President (SHANNON MYERS) DATE 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	1.1 TITLE		☐ Change ☐ Addition
NAME	MALLORY,J R	1.2 NAME		
STREET ADDRESS	2212 MOSHER DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	MALLORY,ANGELA B	2.2 NAME		
STREET ADDRESS	2212 MOSHER DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE		☐ Change ☐ Addition
NAME	MALLORY, ANGELA B	3.2 NAME		
STREET ADDRESS	2212 MOSHER DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☒ Change ☐ Addition
NAME	MYERS, SHANNON	4.2 NAME		
STREET ADDRESS	2212 MOSHER DR.	4.3 STREET ADDRESS	6022 AMBERLY AVE.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	VP	5.1 TITLE		☒ Change ☐ Addition
NAME	WARD,JOHN	5.2 NAME		
STREET ADDRESS	2588 DELBARTON AVE.	5.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Shannon Myers, President (SHANNON MYERS) 2/23/95 407-423-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417410 FP