## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 28, 2004 08:00 AM **DOCUMENT # 249876** Secretary of State DIXIÉ PRECISION MANUFACTURING CO. Principal Place of Business Mailing Address 830 9TH ST. SOUTH P. O. BOX 50700 P.O. BOX 50700 JACKSONVILLE BCH., FL 32240 JACKSONVILLE BEACH FLA, 32250 04062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0935868 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTERSON, LAWRENCE R. DO NOT WRITE 3010 THIRD STREET, SOUTH, SUITE #A JACKSONVILLE BEACH, FL 32250 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Sensiture, typed or protect name of societies of spent and title if applicable (NOTE: Recisioned Agent suggestive required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTD THE BROWN, J. RANDOLPH, JR. 29 SOLANO RD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BCH. FL U00000136917 04/29/04-80020-019 150.00 BROWN, JANE C NAME STREET ADDRESS 29 SOLANO RD PONTE VEDRA BCH, FL CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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 10 or Block 10

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TARURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

april 24, 2004 241

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