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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

DIXIE GARDEN SUPPLY, INC.

FILED Feb 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						TE MODEL MINET MENTE MODEL MODEL	
17801 NW 137TH AVE 17801 NW 137TH AVE							
HIALEAH FL 33018 HIALEAH FL 33015							
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
	(6)	I de Maille Malace			06/28/1963 4. FEI Number		nlied For
2. Principal Place of Business 2a. Mailing Address					59-1009058	 	plied For t Applicable
21 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Suite, Apt. #, etc.			€Ω 7 5 ∧		
22		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
_ `		28	28		Trust Fund Contribution		
Zip			Countr	У	8. This corporation owes or has paid the current year Intangible		
24	25 29 3508 30		30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
BATCHELOR ANDREW J			8	81 Name			
17801 NW 137TH AVE.			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
HI	LEAH FLOSSIES - 55018		83				
			_ اِ	1			
			84	City		FL 85 Zip C	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	s, the abov	/e-named cor	rooration submits this statement for the purpo	se of changing its	s registered
office or r	egistered agent, or both, in the State :	of Florida. Such change was ai	Jithorized b	ov the corpora	ation's board of directors. I hereby accept the	appointment as i	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable (NOTE	uired when reinstating)	ATE			
12.			13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VD	DELETE	1.1 TITLE	İ		Change	Addition
name	BATCHELOR, J S		1.2 NAME	i i			
STREET ADDRESS	ANAMULANDO DI O		1.3 STREI	T ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 0	D DELETT	1.4 CITY- 2.1 TITLE			Change	Addition
TITLE	PD ANDROV			1		change	C ACCITION
NAME	BATCHELOR, ANDREW J 17801 NW 137TH AVE		2.2 NAME				
STREET ADDRESS	HALEAH, FL 0		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP	ST ST					Change	Addition
TITLE	DATALIES OF PLANTA		3.7 TITLE	ļ			
NAME CTREET ADORESE	47004 ARM 407TH AME		3.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	1841 E441 E) 40000		3.4. CITY]			
TITLE	110 111 11 11 11 11 11 11 11 11 11 11 11	DELETE	4.1 TITLE			☐ Change	Addition
NAME	1		4, 2 NAM				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREI	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREI	T ADORESS			
CITY-ST-ZIP 6.4 CI 14. I hereby certify that the information supplied with this filing does not qualify for the exe			6.4 CITY	ST-ZIP	. D	المام	information
14. I hereby o	certity that the information supplied wi	th this filing does not qualify for	r the exem	puon stated ii	n Section 1 19.07(3)(I), Florida Statutes. I furth	er certify that the	injoirmation

indicated on this annual report of the population of the received of the 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 population or the received 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 changing it on an attachment with an address.

(246) KKL-4822