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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

V# 0000003 # 6700

DOCUMENT #

1. Corporation Name

419630 DIXIE FRESH, INC.

(9)

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Principal Place of E 6603 S TRASK P.O. 80X 1921	7	Mailing Address 6603 S TRASK P.O. BOX 19217 TAMPA FL 33686	w 14			
TAMPA FL 33686		there is an arrange		 Date Incorporated or Qualified 02/22/1973 	3a. Date of last / 04/25/	1995
R. Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-1455644		Applied For
		26			\$8.7	Not Applicable 5 Additional
Suite, Apt. #, e!	tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Required
City & State		City & State	#***	Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country		Country	8. This corporation has liability for	intangible tax under	s 199.032
1	25	29	30		No	
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	Registered Agent	
			81 Name			
REILLY, GERALD 76 LADOGA			82 Street A	ddress (P.O. Box Number is Not Acceptal	ble)	
TAMPA F			83			
			84 City		 85	Zip Code
				rporation submits this statement for the publicand of directors. I hereby accept the app	FL 🐃	
OLONIATUSDE		ction 607.0505, Florida Statutes		rporation submits this statement for the poboard of directors. I hereby accept the applications are stated with resulting	545	
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Loo hereby certify that the information supplied with this liting is voluntarily furnished and does not quarry for the exemption stated in Section 113.07(3)(a). Format stated in section 113.07(3)(b), Format stated in Section 113.07(3)(b), Format stated in the information indicated on this arrural report or supplemental annual report is true and accurate and that my spirature 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: STORATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

3-22-96 813-839-8458