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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 421914

1. Corporation Name

DIXIE FARRICATING, INC.

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90129 018 ***150.00

DIVIL 17	ornormus, mo									
Principal Place	of Business	Mailing Address	<u>-</u>							
3013 AVENUE F. APT. #5 3013 AVENUE F. APT. #5			15				*			
HOLMES BEACH FL 34217-2137 HOLMES BEACH FL 34217-2			17-2137	37			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed 03/23/1973			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	App	lied For	
21		26	_				59-1477938	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	8.75 Ac	-	
City & State			City & State				6. Election Campaign Financing	\$5.00 N	May Be	
23		28					Trust Fund Contribution	Added to		
Zip	Country	Zip	Country				8. This corporation owes the current year Intangible			
24	25 29 30						Personal Property Tax.			
24	9. Name and Address of Curren						10. Name and Address of New Registered Age	nt		
				81	Name					
JO-A	in webb									
3013 AVENUE F				82	Street /	Addres	ss (P.O. Box Number is Not Acceptable)			
HOU	MES BEACH FL 34217			83						
				L						
				84	City		FL ⁸	5 Zip C	ode	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, F	s authorize Florida Stal	d by tutes	the corpo	oration [*]	ation submits this statement for the purpose of chars board of directors. I hereby accept the appointment of the purpose of charses the p	int as reg	istered	
	Signature, typed or printed name of registered age				t signature re	equired w	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	IDECTO	DS IN 12	
12.		ID DIRECTORS	13.					Change	[Addition	
TITLE	FOCUPENTUM DATRICIA	C) DELETE					_	J., 2., 3.	<u> </u>	
NAME	FREUDENTHAL, PATRICIA		12 N							
STREET ADDRESS	3013 AVENUE F				ADDRESS					
CITY-ST-ZIP	HOLMES BCH, FL 34217			TY-S	T-ZIP			Change	Addition	
TITLE	710140 0174187			2.1 TITLE				Onungo		
NAME	THOMAS, SUZANNE		2.2 N						j	
STREET ADDRESS	3013 AVENUE F				ADDRESS		i_			
CITY-ST-ZIP	HOLMES BCH, FL 34217	☐ DELETE		CITY-S	T-ZIP		<u> </u>	Change	Addition	
TITLE	S DATRICIA		31T					Onongo		
NAME	MOYNIHAN, PATRICIA		3.2 N							
STREET ADDRESS	3013 AVENUE F				ADDRESS					
CITY-ST-ZIP	HOLMES BCH, FL 34217	DELETE		OTY-S	T-ZIP			î Change	Addition	
TITLE	P IO AN		4.1 T				<u> </u>	Ondingo		
NAME	WEBB, JO-AN			VAME						
STREET ADDRESS	3013 AVENUE F				ADDRESS					
CITY-ST-ZIP	HOLMES BCH, FL 34217	Delete	_	ITY-\$	T-ZIP] Change	Addition	
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NAME					FADDRESS				}	
STREET ADDRESS									ļ	
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TITLE		☐ DELETE	1	IAME			· •	,90		
NAME	,				T ADDRESS				ľ	
STREET ADDRESS										
CITY-ST-ZIP			6.4 0	ITY-S	1-ZIP	l				

14. I 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 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, with all other like empowered.

SIGNATURE: