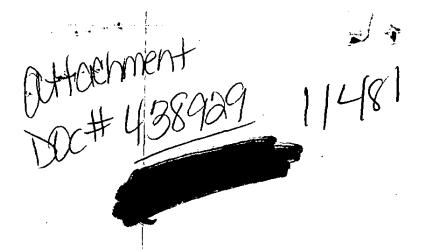
## **FILED** Aug 16, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) 438929 DOCUMENT:# 1. Entity Name 07-24-2001 90028 012 \*\*\*150.00 DIXIELAND, INC. Principal Place of Business Mailing Address 720 LAKE BLUE DRIVE 720 LAKE BLUE ORIVE LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired : Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... FLETCHER, WILLIAM B 906 SE LAKEVIEW DR SUITE 1 SEBRING FL 33870 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$550.00 > 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition (5/01) ☐ Delete TITLE ☐ Change STEPHENS, O.J. NAME NAME 720 LAKÉ BLUE DR. STREET ADDRESS STREET ADDRESS CR2E034 LAKE PLACID FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition STEPHENS, ALICE T NAME 720 LAKE BLUE DR STREET ADDRESS STREET ADDRESS LAKE PLACID, FL 00000 CITY-ST-Z)P CITY-ST-ZIP ☐ Change ☐ Addition 🕶 : 🗔 Delete TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change \* ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C17Y-S1-ZIP CITY-ST-ZIP ☐ Delete TITLE [11] Change Addition STREET ADDRESS SIRSET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if charged, or on an attachment with an aggress, with all other like empowered.

SIGNATURE:

7-20-01



July 19, 2001

**Division of Corporations** 

Uniform Business Report Filings

P. O. Box 1500

Tallahassee, Fl. 32302-1500

Gentlemen:

In accordance with our telephone conversation with your office, enclosed please find my check in the amount of \$150.00.

As we did not receive your first notice, we were not aware of the fee being due.

Sincerely,

Dixieland, Inc.

Of Hiphens
O. J. Stephens

P.S. Just for your information and file, we have been paying this fee each year since 1973 and I am now 92 years old.