

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

**FILED**

**May 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 441863 (8)**  
1. Corporation Name  
**DIXIE PLUMBING & SUPPLY, INC.**



Principal Place of Business: **612 MALTBY AVE ORLANDO FL 32803**  
Mailing Address: **912 MALTBY AVE ORLANDO FL 32803-4341**

3. Date Incorporated or Qualified: **12/17/1973**  
3a. Date of Last Report: **04/29/1996**  
4. FEI Number: **59-1499767**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**POSEY, WITMER  
2818 EAST CHURCH STREET  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
81 Name: **POSEY MARSHALL**  
82 Street Address (P.O. Box Number is Not Acceptable): **2618 E Church St**  
83  
84 City: **ORLANDO** FL 85 Zip Code: **32803**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE: **MARSHALL POSEY** (Signature, typed or printed name of registered agent and title if applicable) *Marshall Posey* (NOTE: Registered Agent signature required when reinstating) **4-28-97** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POSEY, WITMER</b>	
STREET ADDRESS	<b>2818 E. CHURCH ST.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POSEY, MARSHALL</b>	
STREET ADDRESS	<b>2818 E. CHURCH ST.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>POSEY, LUCILLE</b>	
STREET ADDRESS	<b>2818 E. CHURCH ST.</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>POSEY, LUCILLE</b>	
STREET ADDRESS	<b>2818 E. CHURCH ST</b>	
CITY - ST - ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>POSEY MARSHALL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>POSEY MARSHALL</b>	
1.3 STREET ADDRESS	<b>2618 E Church St</b>	
1.4 CITY - ST - ZIP	<b>ORLANDO, FL 32803</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.  
SIGNATURE: *Lucille Posey* **Lucille Posey** **11-25-97 407-894-1169**

CR2E034 (9/96)