2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 445146

1. Entity Name
DIXIE WHOLESALERS, INC.

FILED
05 AUG 26 PM 3:39
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P. O. BOX 541880 MERRITT ISLAND, FL 32954	P. O. BOX 541880 MERRITT ISLAND, FL 32954

08232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
739 NORTH DRIVE	S A M E
Suite, Apt. #, etc SUITE E	Suite, Apt. #, etc
City & State MELBOURNE, FL	City & State
Zip / Country 32934 BREVARD	Zip / Country

4. FEI Number
59-1590285
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLICKINGER, PATRICIA J. 450 SAIL LANE MERRITT ISLAND, FL 32953	Name: MARLENE K. FRYE Street Address (P.O. Box Number is Not Acceptable): 739 NORTH DRIVE, SUITE E City: MELBOURNE FL Zip Code: 32934

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marlene K. Frye 8/23/05
(Typed or printed name of registered agent and title if applicable) (Note: Registered Agent signature required where applicable) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD FLICKINGER, PATRICIA J 450 SAIL LANE MERRITT ISLAND, FL 32953	☒ Delete	PSD MARLENE K. FRYE 739 NORTH DRIVE, SUITE E MELBOURNE, FL 32934	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300059140203 08/31/05--01002--005 **61.25	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene K. Frye 8/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

M. Williams AUG 26 2005