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Feb 10 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 # 579612 (3)
1. Corporation Name
DIXON TRAILER MANUFACTURING & WELDING, INC.



Principal Place of Business Mailing Address
DRT-RUN ROAD DRT-RUN ROAD
ROUTE 1 BOX 2275 ROUTE 1 BOX 2275
BUTLER TN 37640-0724 BUTLER TN 37640-0724
1516 Poplar Drive 1516 Poplar Drive
Ormond Beach FL 32174 Ormond Beach FL 32174

3. Date Incorporated or Qualified 07/20/1978 3a. Date of Last Report 02/29/1996

2. Principal Place of Business 21 2a. Mailing Address 26 4. FEI Number 59-1929503 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BROOKS MICHAEL W CPA
COHEN SMITH & COMPANY CPA'S
133 EAST INDIANA AVENUE
DELAND FL 32724

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	1516 Poplar Drive
NAME	DIXON, ROBERT	1.2 NAME	Ormond Beach FL 32174
STREET ADDRESS	DRY RUN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BUTLER TN	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	1516 Poplar Drive
NAME	DIXON, OFELIA	2.2 NAME	Ormond Beach FL 32174
STREET ADDRESS	ROUTE 1, BOX 2275 - DRY RUN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BUTLER TN	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Robert L. Dixon 2-4-97 904-672-7702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

CR2E034 (9/96)