

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 820394

1. Entity Name
DIXIE LIME AND STONE COMPANY



Principal Place of Business

**151 NE 95TH STREET
ANTHONY, FL 32617**

Mailing Address

**PO BOX 1209
ANTHONY, FL 32617**

DO NOT WRITE IN THIS SPACE



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1169461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOUGHTON, WILLIAM W
151 NE 95TH STREET
ANTHONY, FL 32617**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STAVOLA, WILLIAM H
STREET ADDRESS	P.O. BOX 419
CITY- ST- ZIP	KINGSTON, NJ 08528
TITLE	VP
NAME	CROWLEY, MICHAEL
STREET ADDRESS	P.O. BOX 419
CITY- ST- ZIP	KINGSTON, NJ 08528
TITLE	ST
NAME	CONWAY, GEORGE
STREET ADDRESS	P.O. BOX 419
CITY- ST- ZIP	KINGSTON, NJ 08528
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000667150
03/26/07-80017-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *William H. Stavola* **William H. Stavola 3/5/07 352-629-9715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #