

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 11 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847683

(0)

1. Corporation Name

DIXIE CRYSTALS FOODSERVICE, INC.

2. Principal Office Address

**2 E BRYAN ST
P.O. BOX 339
SAVANNAH GA 31401-7339**

2a. Mailing Address

**2 E BRYAN ST
P.O. BOX 339
SAVANNAH GA 31401-7339**

DO NOT WRITE IN THIS SPACE

3. (Date of corporation or merger)
12/11/1980

3a. (Date of last report)
05/01/1994

2. Principal Office Address

21

2a. Mailing Address

26

4. FIC Number

59-2042699

Applied For

Not Applicable

22. State Agent

22

2a. State Agent

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23. City & State

23

2a. City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24. Country

24

2a. Country

29

30

8. This corporation has liability for intangible tax under S. 199.012
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number if Not Applicable)

B3

B4. City

FL

B5. Zip Code

11. I, the undersigned, as the registered agent of the corporation, certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the corporation has complied with the provisions of the Florida Statutes, Chapter 607, Florida Statutes, and Chapter 199, Florida Statutes, in the preparation of this report. I hereby accept the appointment as registered agent of the corporation with respect to the obligations of the corporation under the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME

ADDRESS

CITY

STATE

ZIP

**S
TATUM, JM
POB 339 2 E BRYAN ST
SAVANNAH GA**

NAME

ADDRESS

CITY

STATE

ZIP

**D
DONNELLY, C.R.
POB 339 2 E BRYAN ST
SAVANNAH GA**

NAME

ADDRESS

CITY

STATE

ZIP

**PD
KELLEY, JAMES M.
POB 339 2 E BRYAN ST
SAVANNAH GA**

NAME

ADDRESS

CITY

STATE

ZIP

**VD
OXNARD, BENJAMIN JR
POB 339 2 E BRYAN ST
SAVANNAH GA**

NAME

ADDRESS

CITY

STATE

ZIP

**TAS
STEINHAEUER, WILLIAM R
POB 339 2 E BRYAN ST
SAVANNAH GA**

NAME

ADDRESS

CITY

STATE

ZIP

**D
SPRAGUE, WILLIAM W JR
POB 339 2 E BRYAN ST
SAVANNAH GA**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.012(1)(b) Florida Statutes. The person certifying that the information included in the annual report or supplementary annual report is true and accurate, and that any signature shall have the same legal effect as if made under oath, that the person is an officer or director of the corporation or has been appointed to serve on the board of directors of the corporation, and that any signature shall have the same legal effect as if made under oath, and that any signature shall have the same legal effect as if made under oath, and that any signature shall have the same legal effect as if made under oath.

SIGNATURE:

Benjamin A. Oxnard Jr
BENJAMIN A. OXNARD, JR - VP