SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 99/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMISTATE: \$769).

FILED PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 99 AUG 26 PH 12: 09 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 SECRETARY OF STATE DOCUMENT # DIXIE GAS & OIL COMPANY, INC. Principal Place of Business Mailing Address HIGHWAY 82 E. RT. 5 HIGHWAY 82 E. RT. 5 TIFTON GA 31794 TIFTON GA 31794 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/07/1982 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 58-0692890 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Country Ζιρ Zip This corporation owes the current year Yes Intangible Personal Property. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LINDSEY, W. F. Street Address (P.O. Box Number is Not Acceptable) 901 LIVE OAK PLANTATION RD. TALLAHASSEE FL 32301 83 Zip Code 84 City 85 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 Signature, typed or printed name of registered agent and title if applicable (2/33) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CENTO LUM Sport 1347 E. Tennisse St. 1.1 TITLE Change Addition PD TITLE DELETE CRZE034 LINDSEY, BOBBY 1.2 NAME NAME MELBA DR. 1.3 STREET ADORESS STREET ADDRESS Tallomoseu, Fl 32308 **TIFTON GA** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 2.1 TITLE TITLE n DELETE Lindsey, Robert B.
1347 1- Tennessuest. LINDSEY, W.F. 2.2 NAME NAME 901 LIVE OAK PLANTATION 2.3 STREET ADDRESS STREET ADDRESS allangesu, FL 333UB TALLAHASSEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE Lindsey, Booksby New Dr. 3.2 NAME NAME LINDSEY, W. F., MRS. 901 LIVE OAK PLANTATION 3.3 STREET ADDRESS STREET ADDRESS Tifton, GA TALLAHASSEE FL 3.4 CITY-ST-ZIP CITY-ST-ZIF 900002974709--5 -08/31/99--01052--006 DELETE 4.1 TITLE TITLE NAME MCCALL, W.A. 4.2 NAME STREET ADDRESS 2201 MEADOWBROOK DRIVE 4.3 STREET ADDRESS \*\*\*\*550.00 \*\*\*\*550.00 4.4 CITY-ST-ZIP TIFTON GA CITY-ST-ZIP Change Addition TITLE DELETE 51 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE SITIDE TITLE

14. 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 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME AS EQUINIO OFFICER OF REPORTED.

NAME

STREET ADDRESS

CITY-ST-ZIP

6 2 NAME

6.4 CITY-ST-ZIP

8.3 STREET ADDRESS