

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 018 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 852813

1. Entity Name

DIXIE GAS & OIL CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

US Hwy 82 East

Suite, Apt. #, etc.

3. Mailing Address

US Hwy 82 East

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tifton, GA

City & State
Tifton, GA

4. FEI Number
58-0692890

Applied For
Not Applicable

Zip
31794

Country
USA

Zip
31794

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Lindsey, W.F.

Street Address (P.O. Box Number is Not Acceptable)

901 Live Oak Plantation Rd.

City

Tallahassee

FL

Zip Code
32312

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
Lindsey, W.F.
STREET ADDRESS
901 Live Oak Plantation Rd.
CITY- ST- ZIP
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
D
Lindsey, Bobby
STREET ADDRESS
2206 Melba Drive
CITY- ST- ZIP
Tifton, GA 31794

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
D
Lindsey, W.F., Mrs.
STREET ADDRESS
901 Live Oak Plantation Rd.
CITY- ST- ZIP
Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
D
Lindsey, Wm. Scott
STREET ADDRESS
1407 Piedmont Drive
CITY- ST- ZIP
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
PSTD
Lindsey, Robert B.
STREET ADDRESS
1407 Piedmont Drive
CITY- ST- ZIP
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 229-382-2700

Date

Daytime Phone #

CR2ED34S (12/01)