

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853065

Entity Name: DIXIE OIL COMPANY

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

1278A US HWY 82 E
P. O. BOX 1007
TIFTON, GA 31794

New Principal Place of Business:

Current Mailing Address:

1278A US HWY 82 E
P. O. BOX 1007
TIFTON, GA 31793

New Mailing Address:

PO BOX 1007
TIFTON, GA 31793

FEI Number: 58-0599430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLIGER, STEN T
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: LINDSEY, WM. SCOTT
Address: 1882 CAPITAL CIRCLE, NE, SUITE 106
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: LINDSEY, W.F. MRS
Address: 901 LIVE OAK PLNTATN RD
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: LINDSEY, W.F.
Address: 901 LIVE OAK PLNTATN RD
City-St-Zip: TALLAHASSEE, FL

Title: PSTD () Delete
Name: LINDSEY, ROBERT B
Address: 3056 ELMWOOD RD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. LINDSEY

PSTD

04/22/2009

Electronic Signature of Signing Officer or Director

Date