FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18 1998 8:00am Secretary of State

DOCU	MENT # F2	1721	(8)					
	DIXIE DEVELOPMEN		\ -/					
						1 1001100 1000 11001 11001 10010 10010 11001 01010 11001	I ANAM AKAN AM	HAT BARREL AREA
•	ce of Business	Mailing Add	dress			- 1 1004/156 (1)0 1/001 (101) (101) 1/001 1/001 1/101 1/101 1/101 1/101 1/101 1/101 1/101 1/101 1/101 1/101 1/	1 BIB16 BIB11 BIS	AL DIGIT 1981
26 BTH ST Shalimar F	1 33670	SAME	699					
US	C 02310		P. O. BOX 833 Shalimar FL 32579			DO NOT WRITE IN THIS SPACE		
		US				3. Date Incorporated or Qualified		
						03/02/1981		
 1 '	Place of Business	2a. Mailing	Address	# St	-	4. FEI Number		pplied For
21 Suite, Apt	# etc	26 Suite A	-6 8 pt. #, etc.	37		59-2069296		ot Applicable
22	,	27	pt. 11, 0t0.			5. Certificate of Status Desired		Additional equired
City & Sta	te		City & State			6. Election Campaign Financing		May Be
23		28 S/	4A/I	MA	K F/	Trust Fund Contribution		to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the cu		tangible
24	25 S Neme and Address	کے کے 29 of Current Registered Age	<u> 577</u>	30 OK	AKOSA] No
11	ESAY, JAMES R	or consult valueters va	Olif	81	Name	10. Name and Address of New Registered	Agent	
	8TH ST							
SHALIMAR FL 32579				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
•				83				
				-				
				84	"	FL		Code
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, I	Florida Statute	es, the abov	e-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing it	is registered
agent. I a	am familiar with, and accep	t the obligations of, Section	607. 0505 , Ftd	orida Statute	y ine corporatio s.	on a board or directors. I nereby accept the app	ointment as	registered
SIGNATURE								
12.		registered agent and title if applicable ICERS AND DIRECTORS	(NOTE	: Registered Ag	ent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	C IN 10
TITLE	PST		DELETE	1.1 TITLE		ADDITIONS/OFFACES TO CITICENS AND	Change	Addition
NAME	LIVESAY, JAMES R		1.2 NAME					
STREET ADDRESS	26 8TH ST			1.3 STREET ADDRESS				
CITY-ST-ZIP	SHALIMAR FL		1.4 CITY - 9	iT-ZIP			1	
TITLE	☐ DELETE		2.1 TITLE			Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP	-		DELETE	2. 4 CITY-1	ST - ZIP			1 4 . 104
TITLE NAME		L	T NETELE	3.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS				3.2 NAME	ADDRECO			
CITY-ST-ZIP				3.3 STREET 3.4. CITY - S				
TITLE			DELETE	4.1 TITLE	31-21		Change	Addition
NAME				4.2 NAME	İ			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP	· -			4.4 CiTY-S	T-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - S	T-ZIP		05	1 1 2 2 2 2 2
1		L-	ו חנרנוך	6.1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS				6.2 NAME	ADDDECC			
CITY-ST-ZIP				6.3 STREET	ŀ			j
Ulir-Si-Zir	and if a threat threat in factors and in the			6.4 CITY-S	1-ZIP			

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.