Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F55881

WALTER DIX & SONS, INC.				
Principal Place of Business	Mailing Address			
714 AVENUE A NW WINTER HAVEN FL 33881	714 AVENUE A NW WINTER HAVEN FL 33881			
Principal Place of Business	2a. Mailing Address			

1	Suite, Apt. #, 6tc.		1	Guite, Apr. #1 ctc.	
22			27		
	City & State			City & State	
23			28		
	Zip	Country		Zip	Country
24]	25	29		30

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90266 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

11/24/1981 4. FEI Number

59-2148235

9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent					
			1	Name							
DIX, EVELYN J 714 AVENUE A NW WINTER HAVEN FL 33881				Street A	ddress (P.O. Box Number is Not Acceptable)			4.			
					•						
	,	84	4	City			Zip,Cc				
		1.	_		<u> </u>	بلبا					
11. 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. (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIR	ECTOR	S IN 12			
TITLE	D DELETE	1,1 TITLE				☐ Ch	ange	☐ Addition			
NAME	DIX, WALTER R, JR	1.2 NAME									
STREET ADDRESS	714. AVENUE A NW	1.3 STREE	ET /	ADDRESS							
CITY-ST-ZIP	WINTER HAVEN, FL 00000	1.4 CITY-1	ST-	-ZIP				404			
TITLE	DST DELETE	2.1 TITLE				☐ Ch	ange	☐ Addition			
NAME	DIX, EVELYN J	2.2 NAME						i			
STREET ADDRESS	714 AVENUE A NW	2.3 STREE	ET A	ADDRESS							
CITY-ST-ZIP	WINTER HAVEN, FL 00000	2. 4 CITY-	-ST	T-ZIP							
TITLE	☐ DELETE	3.1 TITLE				Ch	ange	Addition			
NAME		3.2 NAME	-	1							
STREET ADDRESS	333		ET/	ADDRESS							
CITY-ST-ZIP		3.4 CITY-	-ST	r-zip							
TITLE	☐ DELETE	4.1 TITLE				☐ Ch	iange	☐ Addition			
NAME		4. 2 NAME	E	1							
STREET ADORESS		4.3 STREE	ET/	ADDRESS							
CITY-ST-ZIP		4.4 CITY-	ST-	-ZIP							
TITLE	□ 0ELETE	5.1 TITLE				다	ange	☐ Addition			
NAME		5.2 NAME		1				ļ			
STREET ADDRESS	ADDRESS 5.3			ADDRESS							
CITY-ST-ZIP		5.4 CITY-	_	-ZIP							
TITLE	☐ DELETE	6.1 TITLE				☐ CH	ange	Addition			
NAME		6.2 NAME						į			
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP		6.4 CITY-			0 1 10 07/0V2 Ft 11 01 11 11 11	alf . Al	. 45 - :- 4				
44 Lhambura	partify that the information supplied with this filing does not qualify for the	a avamn	ntio	on stated i	in Section 119 07/3)(i). Florida Statutes I further cer	tity tha	i the int	ormation			

Indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 1.19.07(3)(f), 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, with all other like empowered.

SIGNATURE: