

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004805 (6)

1. Corporation Name

DIXIE TRADING CORPORATION



Principal Place of Business

Mailing Address

8043 MIZNER LANE
BOCA RATON FL 33433-1125
1700 HARBOR OAKS PLACE
MERRITT ISLAND FL 32952-2901 SAME

3. Date Incorporated or Qualified

10/02/1995

3a. Date of Last Report

2. Principal Place of Business

21 1700 HARBOR OAKS PLACE

2a. Mailing Address

26 1700 HARBOR OAKS PLACE

4. FEI Number

72-1300014

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 MERRITT ISLAND FL

City & State

28 MERRITT ISLAND FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 32952-2901

Country

25 BREVARD

Zip

29 32952-2901

Country

30 BREVARD

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORRESEN, LEIF J
8043 MIZNER LANE
BOCA RATON FL 33433-1125

81 Name

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

1700 HARBOR OAKS PLACE

83

84 City MERRITT ISLAND

FL

85 Zip Code

32952-2901

11. Pursuant to the provisions of Sections 607.0832 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 fee application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVCT ☐ DELETE

NAME BORRESEN, LEIF J

STREET ADDRESS 8043 MIZNER LANE

CITY-ST-ZIP BOCA RATON FL 33433-1125

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 1700 HARBOR OAKS PLACE
MERRITT ISLAND, FL 32952-2901

TITLE VCS ☐ DELETE

NAME LUDVIGSEN, VIDAR S

STREET ADDRESS 3140 LAKE TRAIL DRIVE

CITY-ST-ZIP METAIRIE LA 70003

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEIF J. BORRESEN

2/20/96 (407) 453-1699

Date

Daytime Phone #

CR2E034 (12/95)