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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

STREET ADDRESS

€:TY+SE-76P

F95000005116 (7)

DIXIE SALES COMPANY, INC. (NC)

Principal Place of Business Mailing Address 5920 SUMMIT AVE. 5920 SUMMIT AVE. BROWNS SUMMIT NC 27214-9704 **BROWNS SUMMIT NC 27214** 3a. Date of Last Report 3. Date incorporated or Qualified 10/20/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 56-0521802 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zio Country Zip Couritry This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 63 84 City Zip Code 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 rure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 13. 12. DELETE THEF CD 1.1 TITUF Change STARMER, J.E. JR. 1.2 NAVIE CR2E034 NAME 5920 SUMMIT AVE. 1.3 STREET ADDRESS STREET ADDRESS **BROWNS SUMMIT NC 27214** 1.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TIT JE TITLE Cas Starmer, J.E. Sr. 2.2 NAME NAME 5920 SUMMIT AVE. STREET ADDRESS 2.3 STREET ADDRESS **BROWNS SUMMIT NC 27214** 2. 4 CITY - ST-ZIP CHY-ST-ZIP Change Addition DELETE TITLE 3.1 TiTL€ STARMER, RICHARD 3.2 NAME NAME 5920 SUMMIT AVE. 3.3 STREET ADDRESS STREET ADDRESS **BROWNS SUMMIT NC 27214** Crity - \$1 - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition Till: F 4.1 TITLE ISAACSON, MARC L 4 2 NAME 101 W. FRIENDLY AVE., STE. 400 STREET ADDRESS 4.3 STREET ADDRESS GREENSBORO NC 27401 CITY-\$1-712 4.4 CITY-ST-ZIP Change DELETE Addition 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-51-ZIF 5.4 CITY - ST - ZIP Change Addition TITLE DELETE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

Starmer, Jr.

6.4 CITY - ST-ZIP

14. I do 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 it 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

FILED
May 05 1997 8:00am
Secretary of State