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

**PROFIT CORPORATION** ANNUAL REPORT

1998

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STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000005116 (7)

DIXIE SALES COMPANY, INC. (NC)

Principal Place of Business Mailing Address 5920 SUMMIT AVE. 5920 SUMMIT AVE BROWNS SUMMIT NC 27214 **BROWNS SUMMIT NC 27214** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/20/1995</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 56-0521802 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country  $Z_{1D}$ This corporation owes or has paid the current year Intangible 30 Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 Horida. 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 607.05:05, Florida Statutes. SIGNATURE Signature, typed or proffed name of regulariest agent and tale if applicable (NOTE Registered Agent signature required when reinstating) 22E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE CD ☐ Change Addition TITLE 1.1 THEE STARMER, J.E. JR. NAME 1.2 NAME **5920 SUMMIT AVE** STREET ADDRESS 1.3 STREET ADDRESS **BROWNS SUMMIT NC 27214** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE CAS DELETE 2 1 TITLE Change Addition NAME STARMER, J.E. SR. 2.2 NAME 5920 SUMMIT AVE. STREET ADDRESS 2.3 STREET ADDRESS **BROWNS SUMMIT NC 27214** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE STARMER, RICHARD NAME 3.2 NAME 5920 SUMMIT AVE. STREET ADDRESS 3.3 STREET ADDRESS **BROWNS SUMMIT NC 27214** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition ISAACSON, MARC L NAME 4. 2 NAME 101 W. FRIENDLY AVE., STE. 400 STREET ADDRESS 4.3 STREET ADDRESS **GREENSBORO NC 27401** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TOTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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