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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90161 031 \*\*\*150.00

**DOCUMENT # F95000005116**

1. Corporation Name  
**DIXIE SALES COMPANY, INC. (NC)**

Principal Place of Business  
**5920 SUMMIT AVE.  
BROWNS SUMMIT NC 27214**

Mailing Address  
**5920 SUMMIT AVE.  
BROWNS SUMMIT NC 27214**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/20/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

4. FEI Number

**56-0521802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
NAME **STARMER, J.E. JR.**  
STREET ADDRESS **5920 SUMMIT AVE.**  
CITY-STATE-ZIP **BROWNS SUMMIT NC 27214**

TITLE **CAS** ☐ DELETE  
NAME **STARMER, J.E. SR.**  
STREET ADDRESS **5920 SUMMIT AVE.**  
CITY-STATE-ZIP **BROWNS SUMMIT NC 27214**

TITLE **VS** ☐ DELETE  
NAME **STARMER, RICHARD**  
STREET ADDRESS **5920 SUMMIT AVE.**  
CITY-STATE-ZIP **BROWNS SUMMIT NC 27214**

TITLE **AS** ☐ DELETE  
NAME **ISAACSON, MARC L**  
STREET ADDRESS **101 W. FRIENDLY AVE., STE. 400**  
CITY-STATE-ZIP **GREENSBORO NC 27401**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. 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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Richard L. Starmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard Starmer*

*4/26/99*  
Date

*336-375-7600*  
Daytime Phone #

CR2E034 (11/98)