

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

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002446 (0)

1. Corporation Name

DIXIE MACHINE, WELDING & METAL WORKS INC.

Principal Place of Business

PO BOX 23890  
HARAHAN LA 70183

Mailing Address

PO BOX 23890  
HARAHAN LA 70183-0890



3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

72-0384224

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ 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

(Sign, ink, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | DC                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | HUGHES, H D            |  |
| STREET ADDRESS | 5801 CITRUS BLVD       |  |
| CITY-ST-ZIP    | HARAHAN LA 70123       |  |
| TITLE          | P                      | <input type="checkbox"/> DELETE            |
| NAME           | ROUSSEL, CARL M SR     |  |
| STREET ADDRESS | 5801 CITRUS BLVD       |  |
| CITY-ST-ZIP    | HARAHAN LA 70123       |  |
| TITLE          | V                      | <input type="checkbox"/> DELETE            |
| NAME           | KRONENBERGER, THOMAS H |  |
| STREET ADDRESS | 5801 CITRUS BLVD       |  |
| CITY-ST-ZIP    | HARAHAN LA 70123       |  |
| TITLE          | VST                    | <input type="checkbox"/> DELETE            |
| NAME           | BUDDE, THOMAS P        |  |
| STREET ADDRESS | 5801 CITRUS BLVD       |  |
| CITY-ST-ZIP    | HARAHAN LA 70123       |  |
| TITLE          | V                      | <input type="checkbox"/> DELETE            |
| NAME           | BURLET, GLEN           |  |
| STREET ADDRESS | 5801 CITRUS BLVD       |  |
| CITY-ST-ZIP    | HARAHAN LA 70123       |  |
| TITLE          |                        | <input type="checkbox"/> DELETE            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |  |
|--------------------|---------------------|--|
| 1.1 TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | ELIZABETH H. DEPASS |  |
| 1.3 STREET ADDRESS | 5801 Citrus Blvd    |  |
| 1.4 CITY-ST-ZIP    | HARAHAN, LA 70123   |  |
| 2.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                     |  |
| 2.3 STREET ADDRESS |                     |  |
| 2.4 CITY-ST-ZIP    |                     |  |
| 3.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                     |  |
| 3.3 STREET ADDRESS |                     |  |
| 3.4 CITY-ST-ZIP    |                     |  |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |  |
| 4.3 STREET ADDRESS |                     |  |
| 4.4 CITY-ST-ZIP    |                     |  |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |  |
| 5.3 STREET ADDRESS |                     |  |
| 5.4 CITY-ST-ZIP    |                     |  |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

(504) 733-2800

Date

Daytime Phone #

CR2E034 (9/96)