05/13/04 THU 08:58 FAX 912 367 0116 LONG & WHEELER, PC

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90015 013 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001697

1. Entity Name: Dixie Builders of Baxley, Inc.

DO NOT WRITE IN THIS SPACE

24076138

2. Principal Place of Business	3. Mailing Address
395 W. Parker St.	395 W. Parker St.
Suite, Apt. #, etc.: Ste. 5	Suite, Apt. #, etc.: Ste. 5
City & State: Baxley, Ga.	City & State: Baxley, Ga.
Zip: 31513 Country: U.S.	Zip: 31513 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2218459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Strickland Holloway, Jr.
Street Address (P.O. Box Number is Not Acceptable): 2974 Lents
City: Yulee FL Zip Code: 32097

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE ________
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Danny Johnson
STREET ADDRESS	3981 Cooper Rd.
CITY - ST - ZIP	Surrency, Ga. 31563
TITLE	TSD
NAME	Nancy Johnson
STREET ADDRESS	3981 Cooper Rd.
CITY - ST - ZIP	Surrency, Ga. 31563
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel D. Johnson Daniel D. Johnson 5-13-04 912-367-3836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3W1140 1.000