

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:10

DOCUMENT # **F99039** (2)

1. Corporation Name
DIXIE GROWERS, INC.

Principal Place of Business Mailing Address
**1303 W. HINES ST.
PO BOX 1686
PLANT CITY FL 33566** **1303 W. HINES ST.
PO BOX 1686
PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1305 Martin Luther King Jr Blvd		26 P.O. Box 1686		09/13/1982	01/20/1994
22 Unit 17		27		4. FEI Number	Applied For / Not Applicable
23 Plant City FL		28 Plant City FL		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 33566	25 USA	29 33566-1686	30 USA	6. Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAWTON, CHARLES 1400 W. HAINES ST. PLANT CITY FL 33566				81 Name	LAWTON CHARLES		
				82 Street Address (P.O. Box Number is Not Acceptable)	1305 Martin Luther King Jr Blvd Unit 17		
				83			
				84 City	Plant City	85 State	FL
11. Pursuant to the provisions of Sections 607.050(1) 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 607.050, Florida Statutes.							
SIGNATURE <i>Charles E. Lawton</i>				DATE 11/01/95		NAME Charles E. Lawton Pres	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, CHARLES	1.2 NAME	
STREET ADDRESS	1400 W HAINES STREET	1.3 STREET ADDRESS	1305 Martin Luther King Jr Blvd Unit 17
CITY, ST, ZIP	PLANT CITY, FL 00000	1.4 CITY, ST, ZIP	
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWTON, LINDA	2.2 NAME	
STREET ADDRESS	1400 W.HAINES ST.	2.3 STREET ADDRESS	1305 Martin Luther King Jr Blvd Unit 17
CITY, ST, ZIP	PLANT CITY FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. The filer certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032, Florida Statutes. I further certify that the information included on this annual 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an officer or director.

SIGNATURE: *Charles E. Lawton* **Charles E. Lawton Pres 11/01/95 8137647652**