

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99039

Entity Name: DIXIE GROWERS, INC.

FILED
Jan 06, 2004
Secretary of State

Current Principal Place of Business:

1305 MARTIN L. KING JR. BLVD
UNIT 17
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1686
PO BOX 1686
PLANT CITY, FL 335641686 US

New Mailing Address:

FEI Number: 59-2231288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWTON, CHARLES
1305 MARTIN LUTHER KING JR BLVD UNIT 17
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LAWTON, CHARLES
Address: 1305 MARTIN LUTHER KING JR BLVD UNIT 17
City-St-Zip: PLANT CITY, FL 00000,

Title: VS () Delete
Name: LAWTON, LINDA
Address: 1305 MARTIN LUTHER KING JR. BLVD UNIT 17
City-St-Zip: PLANT CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES E LAWTON

PRES

01/06/2004

Electronic Signature of Signing Officer or Director

_____ Date