

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F99039**

1. Entity Name  
**DIXIE GROWERS, INC.**



Principal Place of Business  
**1305 MARTIN L. KING JR. BLVD  
UNIT 17  
PLANT CITY, FL 33566 US**

Mailing Address  
**P.O. BOX 1686  
PO BOX 1686  
PLANT CITY, FL 33564-1686 US**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2231288**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	LAWTON, CHARLES
STREET ADDRESS	1305 MARTIN LUTHER KING JR BLVD UNIT 17
CITY-ST-ZIP	PLANT CITY, FL 00000,
TITLE	VS
NAME	LAWTON, LINDA
STREET ADDRESS	1305 MARTIN LUTHER KING JR. BLVD UNIT 17
CITY-ST-ZIP	PLANT CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80082-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Linda Jerry Lawton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/08*

Date

*813-754-7652*

Daytime Phone #