



2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F99039 1. Entity Name DIXIE GROWERS, INC.	
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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
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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 <input type="checkbox"/>	\$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

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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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PT LAWTON, CHARLES 1305 MARTIN LUTHER KING JR BLVD UNIT 17 PLANT CITY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LAWTON, LINDA 1305 MARTIN LUTHER KING JR. BLVD UNIT 17 PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/15/08-80082-006 150.00

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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* 1/8/08 813-754-7652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #