

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -2 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name *Dixie Construction Co Inc*



G 12321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Dixie Construction Co. Inc

Suite, Apt. #, etc.

3. Mailing Address

1927 Rogero Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-2239363

Applied For

☒ Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lee Mercier

Street Address (P.O. Box Number is Not Acceptable)

121 W. Forsyth St.

City

Jacksonville

FL

Zip Code

32202

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

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 *President*
NAME *Cleo M. Hoyle*
STREET ADDRESS *7534 Altus Dr. S.*
CITY-ST-ZIP *Jacksonville, FL 32277*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700018843147
*05/13/03--01061--010 **\$61.25*

TITLE *Vice President*
NAME *Henry E. Hoyle, Jr*
STREET ADDRESS *7534 Altus Dr. S.*
CITY-ST-ZIP *Jacksonville, FL 32277*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Secretary/Treasurer*
NAME *Janis Anderson*
STREET ADDRESS *7625 Altus Dr. S.*
CITY-ST-ZIP *Jacksonville, FL 32277*

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry E. Hoyle, Jr.

4-25-03 (904) 745-0020

Date

Daytime Phone #

CR2E034B (12/02)