

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90071 004 ***150.00

DOCUMENT # G23443

1. Entity Name
HOLT DIXIE, INC.



Principal Place of Business
**1405 PARK AVENUE
ORANGE PARK, FL 32073**

Mailing Address
**1405 PARK AVENUE
ORANGE PARK, FL 32073**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2372251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLT, CHARLES T.
4495 ROOSEVELT BLVD UNIT 701
JACKSONVILLE, FL 32210**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	HOLT, KAREN M.
STREET ADDRESS	1354 CASSAT AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	PD
NAME	HOLT, CHARLES T
STREET ADDRESS	4495 ROOSEVELT BLVD UNIT 701
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DV
NAME	HOLT, GEORGE P
STREET ADDRESS	1354 CASSAT AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	T
NAME	STATHOPOULOS, PETER N.
STREET ADDRESS	1405 PARK AVE
CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-06 9042698164
Date Daytime Phone #