

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2372251

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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's signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DS ☐ Delete
NAME: HOLT, KAREN M.
STREET ADDRESS: 1354 CASSAT AVENUE
CITY-STATE-ZIP: JACKSONVILLE FL 32205

TITLE: ☐ Change ☐ Addition
NAME: **U000000828875**
STREET ADDRESS: **02/26/08-80018-019**
CITY-STATE-ZIP: **150.00**

TITLE: PD ☐ Delete
NAME: HOLT, CHARLES T
STREET ADDRESS: 4495 ROOSEVELT BLVD UNIT 701
CITY-STATE-ZIP: JACKSONVILLE FL 32210

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: DV ☐ Delete
NAME: HOLT, GEORGE P
STREET ADDRESS: 1354 CASSAT AVE
CITY-STATE-ZIP: JACKSONVILLE FL 32205

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T ☐ Delete
NAME: STATHOPOULOS, PETER N.
STREET ADDRESS: 1405 PARK AVE
CITY-STATE-ZIP: ORANGE PARK FL 32073

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

P. Stathopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

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