Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90002 014 ***558.75

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G38004

1. Corporation Name

VERNON DIXON TRUCKING, INC.

Principal Place	e of Business	Maling Add	ress						
% VERNON DIX	ON	% VERNON I	% VERNON DIXON						
2410 AVE. D FT. PIERCE FL 34950-2756		2410 AVE. D				DO NOT WRITE IN THIS SPACE			
		ft. Pierce i	FL 34950-2756			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/11/1983			
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number		\vdash	Applied For
21		26			65-0086087			Not Applicable	
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X	•	5 Additional
22		27	27			or Serandate of States Secured	<i>y</i> -	Fee	Required
City & State		City & S	City & State			6. Election Campaign Financing		\$5.0)0 May Be
23		28	28			Trust Fund Contribution	<u>.</u>	Adde	ed to Fees
Zip	Country Zip			Country		8. This corporation owes the cur	rent year Int	iangible	
24	25 29 30				Personal Property Tax.				
	9. Name and Address of Cu			<u>' </u>	-	10. Name and Address of New	Registered	Agent	<i></i>
				81	Name				
DIXON, VERNON									
	AVE. D		82 Stre			ddress (P.O. Box Number is Not Accept	abie)		
	PIERCE FL 33450								
ri. Filliol i L 30430				83	1				
				84	City			85 Z	ip Code
							FL		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508,	Florida Statutes,	, the abov	/e-named c	corporation submits this statement for the	purpose of of the appo	changing intment as	registered
agent. I a	m familiar with, and accept the o	rigations of, Section	607.0505, Florid	a Statute	s.	ration's board of directors. I hereby acce	daa		
SIGNATURE	Caran Mich	(IVON)				<i>ے ا</i> ک	Q77		ļ
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Re	egistered Age	ent signature ree	quired when reinstating)	DATE		
12.	OFFICERS	S AND DIRECTORS		13.	,	ADDITIONS/CHANGES TO O	FICERS A		
TITLE	DP		☐ DELETE	1.1 TITLE				Chan	ge 🗌 Addition
NAME	DIXON, VERNON			1.2 NAME					į
STREET ADDRESS	2410 AVE D			1.3 STREE	ET ADORESS				į
CITY-ST-ZIP	FT PIERCE, FL 00000			1.4 CITY-	ST-ZIP				
TITLE	7 7 7 12 10 2 1 1 2 1 2 1		DELETE	2.1 TITLE				Chan	ge 🔲 Addition
NAME				2.2 NAME					
				23 9106	ET ADDRESS				
STREET ADDRESS				2. 4 CITY	Į.				
CITY-ST-ZIP			☐ DELETE	3.1 TITLE				Chan	ge Addition
TITLE			, DELETE						
NAME				3.2 NAME	- 1				
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				3.4. CITY					no 🗆 Addition
TITLE			☐ DELETE	4.1 TITLE				Chan	ge
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STRE	ET ADDRESS				{
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				
TITLE			DELETE	5.1 TITLE				Chan	ige 🗌 Addition '
NAME				5.2 NAME					
STREET ADDRESS				53 STRE	ET ADDRESS				i
{				5.4 CITY-	ST-ZIP				i
CITY-ST-ZIP			DELETE	6.1 TITLE				Chan	ge
				6.2 NAME	1			_	
NAME					ET ADDRESS				
STREET ADDRESS				6.3 STRE	E1 WDDKE99				

14. 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 annual report or supplemental annual 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR