

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G52850** (6)

1. Corporation Name

DIXIE MAINTENANCE, INC.



Principal Place of Business

% SHARON C. LEWIS
4522 STATE ROAD 545
WINTER GARDEN FL 34787-9793

Mailing Address

% SHARON C. LEWIS
4522 STATE ROAD 545
WINTER GARDEN FL 34787-9793

3. Date Incorporated or Qualified
08/04/1983

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2331440

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, WILLIAM C. III
4522 STATE ROAD 545
WINTER GARDEN FL 34787**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PX	<input type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM C. III	
STREET ADDRESS	4522 STATE ROAD 545	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	SB / T	<input type="checkbox"/> DELETE
NAME	LEWIS, SHARON C.	
STREET ADDRESS	4522 STATE ROAD 545	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM C IV	
STREET ADDRESS	4522 STATE RD 545	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEWIS, WARREN A	
STREET ADDRESS	4305 AVALON RD	
CITY - ST - ZIP	WINTER GDN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WATERS, RONALD E JR	
STREET ADDRESS	17168 DAVENPORT RD	
CITY - ST - ZIP	WINTER GDN FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM C., III	
STREET ADDRESS	4522 STATE ROAD 545	
CITY - ST - ZIP	WINTER GARDEN, FL 34787	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

PRESIDENT
LEWIS, SHARON C.

☒ Change ☐ Addition

SECRETARY/TREASURER
WATERS, KATHERINE LEWIS

☒ Change ☐ Addition

VICE PRESIDENT

☒ Change ☐ Addition

VICE PRESIDENT

☒ Change ☐ Addition

VICE PRESIDENT/DIRECTOR
LEWIS, WILLIAM C., III
4522 STATE ROAD 545
WINTER GARDEN, FL 34787

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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.

SIGNATURE:

Sharon C. Lewis

President

April 23, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)