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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G52850**

(6)

1. Corporation Name

**DIXIE MAINTENANCE, INC.**



Principal Place of Business

% SHARON C. LEWIS  
4522 STATE ROAD 545  
WINTER GARDEN FL 34787-9783

Mailing Address

% SHARON C. LEWIS  
4522 STATE ROAD 545  
WINTER GARDEN FL 34787-9732

3. Date Incorporated or Qualified

**08/04/1983**

3a. Date of Last Report

**04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-2331440**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, SHARON C.</b>	1.2 NAME	
STREET ADDRESS	<b>4522 STATE ROAD 545</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATERS, KATHERINE LEWI</b>	2.2 NAME	
STREET ADDRESS	<b>4522 STATE ROAD 545</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, WILLIAM C IV</b>	3.2 NAME	
STREET ADDRESS	<b>4522 STATE RD 545</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, WARREN A</b>	4.2 NAME	
STREET ADDRESS	<b>4305 AVALON RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GDN FL</b>	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATERS, RONALD E JR</b>	5.2 NAME	
STREET ADDRESS	<b>17168 DAVENPORT RD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GDN FL</b>	5.4 CITY - ST - ZIP	
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, WILLIAM C. I</b>	6.2 NAME	
STREET ADDRESS	<b>4522 STATE ROAD 545</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GARDEN FL</b>	6.4 CITY - ST - ZIP	

14. I do 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHARON C. Lewis**

**3/1/97**

**656-4699**

Date

Daytime Phone #

CR2E034 (9/96)