

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 # **G52850**

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90030 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1983

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **P** ☐ DELETE
NAME **LEWIS, SHARON C.**
STREET ADDRESS **4522 STATE ROAD 545**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **ST** ☒ DELETE
NAME **WATERS, KATHERINE LEWI**
STREET ADDRESS **4522 STATE ROAD 545**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VPD** ☒ DELETE
NAME **LEWIS, WILLIAM C IV**
STREET ADDRESS **4522 STATE RD 545**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **VP** ☐ DELETE
NAME **LEWIS, WARREN A**
STREET ADDRESS **4305 AVALON RD**
CITY-ST-ZIP **WINTER GDN FL**

TITLE **VP** ☒ DELETE
NAME **WATERS, RONALD E JR**
STREET ADDRESS **17168 DAVENPORT RD**
CITY-ST-ZIP **WINTER GDN FL**

TITLE **VPD** ☐ DELETE
NAME **LEWIS, WILLIAM C. I**
STREET ADDRESS **4522 STATE ROAD 545**
CITY-ST-ZIP **WINTER GARDEN FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE:

Sharon C. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon C. Lewis **01/04/99** **407-656-4699**
Date Daytime Phone #

CR2E034 (11/98)