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 # **G54841** **(3)**

1. Corporation Name
DIXIE-SOUTHERN CONSTRUCTORS, INC.

Principal Place of Business
RT. 2 BOX 78A. HWY. 39 S
BOWLING GREEN FL 33834

Mailing Address
RT. 2 BOX 78A. HWY. 39 S
BOWLING GREEN FL 33834

3. Date Incorporated or Qualified: 08/10/1983
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business
21 12650 CR 39
Suite, Apt. #, etc.
22
City & State
23 Duette, Florida
Zip 24 33834
Country 25 Manatee

2a. Mailing Address
26 12650 CR 39
Suite, Apt. #, etc.
27
City & State
28 Duette, Florida
Zip 29 33834
Country 30 Manatee

4. FEI Number: 59-2311405 — 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
CLAVILLE, GARY S.
6757 TRAILRIDGE DR.
LAKELAND FL 33813

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(s) for publication of the registered agent change, if applicable) (NOTE: Registered Agent signature required when registered agent is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	CLAVILLE, GARY S	
STREET ADDRESS	6757 TRAILRIDGE DR.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	☐ DELETE
NAME	LOGUE, PAT C.	
STREET ADDRESS	175 NO. CHURCH ST.	
CITY-ST-ZIP	FT. MEADE FL	
TITLE	S	☐ DELETE
NAME	BILLER, DORIS M.	
STREET ADDRESS	1870 VALENCIA DR.	
CITY-ST-ZIP	BARTOW FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: GARY S. CLAVILLE — 1-16-96 — 941-776-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)