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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**12680 CR 39
DUETTE FL 33834
US**

Mailing Address

**12650 CR. #39
DUETTE FL 33834
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 12650 CR 39

Suite, Apt. #, etc.

22 Duette, FL

City & State

23 33834

Zip

25 Home US

Country

2a. Mailing Address

26 12650 CR 39

Suite, Apt. #, etc.

27 Duette, FL

City & State

28 33834

Zip

29 Home US

Country

30

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

GARY S. CLAVILLE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**TITLE DPT
NAME CLAVILLE, GARY S
STREET ADDRESS 6757 TRAILRIDGE DR.
CITY-ST-ZIP LAKELAND FL**

☐ DELETE

**TITLE V
NAME LOGUE, PAT C.
STREET ADDRESS 175 NO. CHURCH ST.
CITY-ST-ZIP FT. MEADE FL**

☐ DELETE

**TITLE S
NAME BILLER, DORIS M.
STREET ADDRESS 1870 VALENCIA DR.
CITY-ST-ZIP BARTOW FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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.

SIGNATURE:

[Signature]

4/2/98

CR2E034 (10/97)