## 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 # H61439

DIXIE BLASTING COMPANY, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90163 017 \*\*\*150.00



| Principal Place of Business  441A SKYWAY DR  P. O. DRAWER 460 NEW SMYRNA BEACH FL 32170 US  3. Date Incorporated or Qualified O6/06/1985  2. Principal Place of Business 3. Date Incorporated or Qualified 06/06/1985 4. FEI Number 5. Certificate of Status Desired 6. Electic in Campaign Financing 7. Trust I und Continuation 7. Added to Fees 7. No. Adoption 7. Added to Fees 7. No. Added to Fee |
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| UNT #1 EDGEWATEF FL 32132 US  2a. Mailing Address 2b. Apiling Address 2c. Princips I Place of Business 2c. Princips I Place of Business 2d. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. FEI Nimber 2d. Suite, Apt. #, etc. 2d. City & State 2d. City & State 2d. City & State 2d. City & State 2d. Country 2d. Do Co |
| 3. Date Incorporated or Qualifed O6/0i/1985  2. Princips i Place of Business  3. Date Incorporated or Qualifed O6/0i/1985  4. FEI Number  5. Point Status Desired  8. Recit of Status Desired  9. Set Required  9. Country  2. Sip Country  2. Sip Country  2. Sip Country  2. Sip Country  3. This curporation owes the current year Intangible Personal Property Tax.   Yes   No    9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  POWELL, C.R.  441A SKYWAY DR  UNIT #1  EUGEWATER FL 32168  84 City  FL 85 Zip Code  11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application 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 application of the purpose of changing its registered agent. I am familiar with, and ar cept the obligations of, Section 607.0505, Fl xrida Statutes.  Signature, typed or printed ne ne of registered agent and title if applicative  [NOT :: Registered Agent signature required when remotations]  DATE   |
| 2. Princips I Place of Business 2. Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 3. To Additional Fee Required 4. FEI Number 5. Certificate of Status Desired 6. Electic n Campaign Financing 7. Trust I Fund Contribution 7. Applied For Not Additional Fee Required 8. This curporation owes the current year Intangible 7. Personal Property Tax. 7. Note Personal Property Tax. 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Bo) Number is Not Acceptable) 11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florida Statu tes, the above-named or reportation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was surhorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and at cept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Elignature, typed or profiled ne no of registered agent and 505 it applicable (NOT) \$1. Registered Agent signature required whom remissions)  OATE  |
| 2. Principal Place of Business 2. Amailing Address 2. Apulied For S9-255361  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  2. Country  Zip  Country  Zip  Country  3. This curporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  POWELL, C.R.  441A SKYWAY DR  UNIT #1  EUGEWATER FL 32168  2. Mailing Address  2. Mailing Address  2. Street Address (P.O. Bo) Number is Not Acceptable)  1. Pursuent to the provisions of Si-ctions 607.050% and 607.1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent, be provisions of Signature, typed or pointed ne not registered agent and 5toe if applicable  SIGNATUFE  Signature, typed or pointed ne no of registered agent and 5toe if applicable  Not applicate for Status Desired Status D |
| 21   |
| Suite, Apt. #, etc.  Suite, Ap |
| 22   27   5. Certifcate of Status Desired   Fee Required   28   City & State   City & State   6. Electic n Campaign Financing   \$5.00   May Be Added to Fees   29   Zip   Country   Zip   Country   8. This curporation owes the current year Intangible   Personal Property Tax.   Yes   No   3. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    P()WELL, C.R.   441A SKYWAY DR   82   Street Address (P.O. Bo)   Number is Not Acceptable)    UNIT #1   ELIGEWATER FL 32168   84   City   FL   85   Zip Code    11. Pursuent to the provisions of Sections 607.0502 and 607.1508, Florida Statu tes, the above-named or reportation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the approximent as registered agent, and an amiliar with, and an open the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature, typed or printed ne in erforegistered agent and title if applicable   (NOT 5: Registered Agent signature req. lead when remissating).  DATE  |
| City & State  Zip  Country  Zip  Country  Zip  Country  Added to Fees  Add |
| Zip Country Zip Country B. This curporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Property Tax.  P()WELL, C.R. 441A SKYWAY DR UNIT #1 EUGEWATER FL 32168  10. Name and Address of New Registered Agent 10. Number is Not Acceptable)  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent. I am familiar with, and an cept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or ponted as ne of registered agent and title if applicable (NOT :: Registered Agent signature req. Ired when remistating)  DATE   |
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14. Thereby 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 secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address of the receiver of the corporation of the receiver of the

SIGNATURE: \_

SIGNATULE AND TYPED OR I RINTED NAME OF STONING OFFICEF OR DIRECTOR