FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 28 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20056 (4)

1. Corporation Name
DIXIE ELECTRICAL SUPPLY COMPANY

Principal Place of Business	Mailing Address
644 GOODWIN AVE. CRESTVIEW FL 32536	644 GOODWIN AVE. CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2795 Goodwin Ave
22: Suite, Apt. #, etc.
23: City & State: Crestview, Florida
24: Zip: 32539
25: Country: Okaloosa

2a. Mailing Address
26: 2795 Goodwin Ave
27: Suite, Apt. #, etc.
28: City & State: Crestview, Florida
29: Zip: 32539
30: Country: Okaloosa

4. FEI Number: 59-2690060 ☐ 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

ROGERS, STEPHEN
644 GOODWIN AVE
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name: Rogers, Stephen
82 Street Address (P.O. Box Number is Not Acceptable): 2795 Goodwin Ave
83:
84 City: Crestview FL 85 Zip Code: 32539

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	ROGERS, STEPHEN	1.2 NAME	Rogers, Stephen
STREET ADDRESS	644 GOODWIN AVE	1.3 STREET ADDRESS	2795 Goodwin Ave
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	Crestview, FL. 32539
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MASSICOT, ROBERT NEIL	2.2 NAME	
STREET ADDRESS	1260 SIOUX CIRLCE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MASSICOT, ROBERT NEIL	3.2 NAME	
STREET ADDRESS	1260 SIOUX CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	ST ☒ Change ☐ Addition
NAME	KIRKLAND, TINA M. Robert Massicot	4.2 NAME	Robert Massicot
STREET ADDRESS	RT. 1 BOX 286A	4.3 STREET ADDRESS	1260 Sioux Circle
CITY-ST-ZIP	LAUREL HILL FL	4.4 CITY-ST-ZIP	Crestview, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Robert Massicot Robert Massicot 2/24/95 904682-1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E019 (1-89)