SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J38827** **(8)**

1. Corporation Name
DIXIE LIME PRODUCTS COMPANY

Principal Place of Business	Mailing Address
3325 S PINE AVE P.O. BOX 4500 OCALA FL 34478-4500 US	3325 S PINE AVE P.O. BOX 4500 OCALA FL 34478-4500 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **10/14/1986**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **59-2730445** ☐ 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

NIEMANN, VIRGINIA, D
3325 S PINE AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: LISA KEENAN-TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 3325 S. PINE AVENUE
83
84 City: OCALA FL 85 Zip Code: 34471

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: Lisa Keenan-Taylor DATE: 8/21/96
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	MONTSDEOCA, F. Y.	
STREET ADDRESS	1025 S.E. 10TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	☐ DELETE
NAME	MCCOUN, J. C.	
STREET ADDRESS	1512 S.E. 17TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	S	☒ DELETE
NAME	NIEMANN, VIRGINIA, D	
STREET ADDRESS	3325 S PINE AVE	
CITY-ST-ZIP	OCALA 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		
11 TITLE	VPD	☑ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PD	☑ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	S	☒ Change ☐ Addition
32 NAME	LISA KEENAN-TAYLOR	
33 STREET ADDRESS	3325 S PINE AVE.	
34 CITY-ST-ZIP	OCALA FLORIDA 34475	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	000001931430	☐ Change ☐ Addition
52 NAME	-08/26/96--01010--014	
53 STREET ADDRESS	***450.00	
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph C. McCoun Joseph C. McCoun Pres 8/5/96 352-732-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174936 FP