

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90016 019 \*\*\*150.00

DOCUMENT # J38827 *JoK* (8)  
1. Corporation Name  
DIXIE LIME PRODUCTS COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
3325 S PINE AVE  
OCALA FL 34478-4500  
US

Mailing Address  
3325 S PINE AVE  
OCALA FL 34478-4500  
US

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

3. Date Incorporated or Qualified

10/14/1986

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

9. Name and Address of Current Registered Agent

BAILEY, DARLENE D  
3325 S PINE AVE  
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

NORMAN, LINDA

82 Street Address (P.O. Box Number is Not Acceptable)

3325 S. PINE AVE.

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 *Linda Norman (Secretary)*

LINDA NORMAN

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	DELETE
	VPD	MONTSDCOCA, F. Y.	1025 S.E. 10TH STREET	OCALA FL		<input type="checkbox"/>
	PD	MCCOUN, J. C.	1512 S.E. 17TH AVENUE	OCALA FL		<input type="checkbox"/>
	S	BAILEY, DARLENE D	3325 S PINE AVE	OCALA FL 34471		<input checked="" type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	CHANGE	ADDITION
1.1						<input type="checkbox"/>	<input type="checkbox"/>
1.2						<input type="checkbox"/>	<input type="checkbox"/>
1.3						<input type="checkbox"/>	<input type="checkbox"/>
1.4						<input type="checkbox"/>	<input type="checkbox"/>
2.1						<input type="checkbox"/>	<input type="checkbox"/>
2.2						<input type="checkbox"/>	<input type="checkbox"/>
2.3						<input type="checkbox"/>	<input type="checkbox"/>
2.4						<input type="checkbox"/>	<input type="checkbox"/>
3.1						<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2						<input type="checkbox"/>	<input type="checkbox"/>
3.3						<input type="checkbox"/>	<input type="checkbox"/>
3.4						<input type="checkbox"/>	<input type="checkbox"/>
4.1						<input type="checkbox"/>	<input type="checkbox"/>
4.2						<input type="checkbox"/>	<input type="checkbox"/>
4.3						<input type="checkbox"/>	<input type="checkbox"/>
4.4						<input type="checkbox"/>	<input type="checkbox"/>
5.1						<input type="checkbox"/>	<input type="checkbox"/>
5.2						<input type="checkbox"/>	<input type="checkbox"/>
5.3						<input type="checkbox"/>	<input type="checkbox"/>
5.4						<input type="checkbox"/>	<input type="checkbox"/>
6.1						<input type="checkbox"/>	<input type="checkbox"/>
6.2						<input type="checkbox"/>	<input type="checkbox"/>
6.3						<input type="checkbox"/>	<input type="checkbox"/>
6.4						<input type="checkbox"/>	<input type="checkbox"/>

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 *Linda Norman* LINDA NORMAN

5/10/99

(352)732-2100

Date

Daytime Phone # 0465522

CR2E034 (10/97)