

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

PROFIT
CORPORATION
ANNUAL REPORT

2000



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

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90181 006 ***150.00

DOCUMENT # **J38827**

(8)

1. Corporation Name

DIXIE LIME PRODUCTS COMPANY



Principal Place of Business

3325 S PINE AVE
OCALA FL 34478-4500
US

Mailing Address

3325 S PINE AVE
OCALA FL 34478-4500
US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

3 City & State

27 City & State

4 Zip

Country

28 Zip

Country

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

P.O. BOX 4500

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

04/17/00

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	NORMAN, LINDA
3.4 CITY - ST - ZIP	3325 S. PINE AVE. OCALA, FL. 34471
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Linda Norman

LINDA NORMAN

04/17/00

(352)732-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0465522

CR2E034 (10/97)