


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90006 002 ***150.00

DOCUMENT # J38827					
1. Entity Name DIXIE LIME PRODUCTS COMPANY					
Principal Place of Business 3325 S PINE AVE OCALA FL 34471 US			Mailing Address PO BOX 2100 OCALA FL 34478 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2730445	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NORMAN, LINDA 3325 S PINE AVE PO BOX 4500 OCALA FL 34471				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name YVONNE H. MONTSDEOCA					
Street Address (P.O. Box Number is Not Acceptable) 1025 SE 10TH STREET					
City OCALA FL Zip Code 34471					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Yvonne H. Montsdeoca</i> YVONNE H. MONTSDEOCA				DATE 3/1/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTSDEOCA, F. Y.		NAME	YVONNE H. MONTSDEOCA	
STREET ADDRESS	1025 S.E. 10TH STREET		STREET ADDRESS	1025 SE 10TH STREET	
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP	OCALA, FL 34471	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN, LINDA		NAME	ANN M. MCCOUN	
STREET ADDRESS	3325 S PINE AVE		STREET ADDRESS	P.O. BOX 2100	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	OCALA, FL 34478-2100	
TITLE		<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALICE M. ROBBINS	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 2100	
CITY-ST-ZIP			CITY-ST-ZIP	OCALA, FL 34478-2100	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WHITFIELD M. PALMER, JR	
STREET ADDRESS			STREET ADDRESS	P.O. BOX 2100	
CITY-ST-ZIP			CITY-ST-ZIP	OCALA, FL 34478-2100	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Yvonne H. Montsdeoca* **YVONNE H. MONTSDEOCA, PRESIDENT** **3/1/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #