FIL	E NOW: FILIN	IG FEE AFTE	R MAY 1ST	S \$550.00	FILED
PROFIT			FLORIDA DEPARTMENT OF STATE		
CORPORATION			Sandra B. Mortham		Feb 09 1998 8:00am
AININ	UAL REPORT			ary of State	
	1998		DIVISION OF	CORPORATIONS	Secretary of State
 Corporation 	on Name —	40488	(5)		
DIXIE	QUEEN CHARTER	rs, inc.			
Principal Plac	ce of Business	M	ailing Address		
836 ISLAND WAY 836 ISLAND WAY					
CLEARWATER FL 34690-1825 CLEARWATER			LEARWATER FL 34630-	1825	DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					11/01/1986
o.	Place of Business Island Way		Mailing Address 836 Islan	d Way	4. FEI Number Applied For
Suite, Apt		7 26	Suite, Apt. #, etc.		59-2731743 Not Applicable \$8.75 Additional
22	, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27		.72	5. Certificate of Status Desired Fee Required
City & Sta			City & State	在本	6. Election Campaign Financing \$5.00 May Be
Zip CI e a	arwater, FI	20	Clearwate Zip	r, FL Country	Trust Fund Contribution Added to Fees
24 ² 3.376		US 29	33767°	30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9, Name and Addr	ess of Current Regis	tered Agent		10. Name and Address of New Registered Agent
PC	ONTRELLO, WM. G.			81 Name	= = *
					Address (P.O. Box Number is Not Acceptable)
CL	EARWATER FL 3351	6		83	
				84 City	FL 85 Zip Code
11. Pursuant office or agent. I a	to the provisions of Sec registered agent, or bot am familiar with, and ac-	ctions 607.0502 and 6 th, in the State of Florid cept the obligations of	07.1508, Florida Statut la. Such change was , Section 607.0505, Flo	es, the above-named authorized by the corp orida Statutes.	corporation submits this statement for the purpose of changing its registered to ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name		V vitable (NOT	E: Registered Agent signature	required when reinstating) DATE
12.		OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		☐ DELETE	1 1 TITLE	P XXChange Addition
NAME	SPAULDING, DAV			1.2 NAME	Spaulding, David T.
STREET ADDRESS	836 ISLAND WAY CLEARWATER FL			1.3 STREET ADDRESS	836 Island Way
CITY-ST-ZIP TITLE	CLEARWATER FL		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Clearwater, FL 33767 Change Addition
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY - ST - ZIP			······	2. 4 CITY-ST-ZIP	
TITLE	<u> </u>		DELETE	3.1 TITLE	Change Addition
NAME				3.2 NAME	
STREET ADDRESS			•	3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4, CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME				4. 2 NAME	_ · · -
STORET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP			Linner	4.4 CITY-ST-ZIP	Character L. Lauren
TITLE			LI DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE			DELETE	6.1 TITLE	☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

David T. Spaulding SIGNATURE:

TITLE

NAME STREET ADDRESS

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. 1/27/95(813)446-7666