

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90053 049 ***150.00

DOCUMENT # K68711

1. Entity Name
DIXIE DISTRIBUTING, INC.



Principal Place of Business

2753 E. U.S. 90
LAKE CITY, FL 32055

Mailing Address

P.O. BOX 3176
LAKE CITY, FL 32056-3176

50030102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2944816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENUNE, HARRY C.
RT 10 BOX 844
LAKE CITY, FL 32055

Correct Address
Denune, Harry C.
1826 SW SR 47
Lake City, FL 32025

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DENUNE, HARRY C
STREET ADDRESS P.O. BOX 3176
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BULLARD, CHRIS A
STREET ADDRESS P.O. BOX 1453
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE D ☒ Change ☐ Addition
NAME Bullard, Chris A
STREET ADDRESS PO Box 1432
CITY-ST-ZIP Lake City, FL 32056

TITLE VPD ☐ Delete
NAME BULLARD, AUDREY S
STREET ADDRESS P.O. BOX 1733
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME BULLARD, AUDREY S
STREET ADDRESS P.O. BOX 1733
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME COIL, HELEN
STREET ADDRESS P.O. BOX 3176
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05

755-4050