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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

DOCUMENT # M91366

(8)

DIXIE BEACH LAND COMPANY, INC.

FILED Apr 14 1997 8:00am Secretary of State

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	ace of Business	Mailing A	Address				I TEREMON THE TERM NAME THAT MANE AND			
16836 MCGRE P O BOX 083 FT MYERS FL	337	₽ O BOX	GREGOR BLVD 08337 S FL 33908-0301							
.,							3. Date Incorporated or Qualified 07/21/1988		of Last 9/1996	Report
2. Principal	Place of Business	2a. Mailır	ng Address				4. FEI Number		————	pplied For
21		26					65-0065217			lot Applicable
Suite, Ap	it.#, etc	Suite 27	, Apt. #, øtc.				5. Certificate of Status Desired			Additional Required
City & St	ate	City (& State	7714			6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>		to Fees
Zip □	Country	Ž p			untry		8. This corporation has liability for in			s. 199.032,
24	25 9. Name and Address of C	29	Agent	30	7		Florida Statutes 10, Name and Address of New Reg		No sent	
44		AUTOIL NEGISTOLOU	Agoin.		81	Name	ID, Haille and Address of New Mey	(ISIO) OU A	Agur	
	iderson, robert f 836 McGregor Boulevari	h								
	636 MUGHEGUN BUULEVAN E 2	J			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)		
	RT MYERS FL 33908				83					
					84	City			85 Zip	Code
					<u> </u>	*	poration submits this statement for the pu	FL		
agent SIGNATURE	am familiar with, and accept the Signalize, typics or printed name of register						red when reinstating)	DATE		
12.		IS AND DIRECTORS		13			ADDITIONS/CHANGES TO OFFIC			
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NAME	ANDERSON, ROBERT F			1.21	NAME	į				
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I do 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 flustee 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 attaching it with an address.

SIGNATURE

SIGNATURE AND TYPES OR FRINTED WAME OF SIGNING OFFICER OR DIRECTOR

14-9-9 m 1(941)466-

Ke Phone #