

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M94206** (3)

1. Corporation Name
DIXIE POWER EQUIPMENT, INC.



Principal Place of Business: **4206 LAKE WORTH RD LAKE WORTH FL 33461**
Mailing Address: **4206 LAKE WORTH RD LAKE WORTH FL 33461**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/15/1988	3a. Date of Last Report 06/23/1995
21 1401 Allendale Rd. State, Apt. #, etc.	26 1401 Allendale Rd. Suite, Apt. #, etc.	4. FEI Number 65-0081914	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 West Palm Beach, FL Zip Country	28 West Palm Beach, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33405 25 Palm Beach 29 33405 30 Palm Beach	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CHERRY, ROBERT 17 SOUTH D. ST LAKE WORTH FL 33460	10. Name and Address of New Registered Agent
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Signature by officer or director of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)		DATE			
12. NAME: PD CHERRY, BARBARA A.	<input type="checkbox"/> DELETE	13. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 1.2 NAME			
12. CITY, ST, ZIP: VST	<input type="checkbox"/> DELETE	13. 1.3 STREET ADDRESS			
12. NAME: CHERRY, ROBERT		13. 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 2.2 NAME			
12. NAME: CHERRY, ROBERT		13. 2.3 STREET ADDRESS			
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. NAME: CHERRY, ROBERT		13. 3.2 NAME			
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 3.3 STREET ADDRESS			
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. NAME: CHERRY, ROBERT		13. 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 4.2 NAME			
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 4.3 STREET ADDRESS			
12. NAME: CHERRY, ROBERT		13. 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 5.2 NAME			
12. NAME: CHERRY, ROBERT		13. 5.3 STREET ADDRESS			
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. NAME: CHERRY, ROBERT		13. 6.2 NAME			
12. STREET ADDRESS: 17 SOUTH D ST. LAKE WORTH FL		13. 6.3 STREET ADDRESS			
12. CITY, ST, ZIP: D	<input type="checkbox"/> DELETE	13. 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Barbara A. Cherry* **Barbara A. Cherry** 1/19/96 (407) 689-4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)