FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR -3 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39213 (6)

1. Corporation Name
DIXIE SHRINE CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
U.S. 19 N. ROUTE 3. BOX 565 OLD TOWN FL 32680	U.S. 19 N. ROUTE 3. BOX 565 OLD TOWN FL 32680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1990
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2880087 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 US 19 Suwannee Galbes	2a. Mailing Address 26 P.O. Box 1300
Suite, Apt. #, etc. 22 P.O. Box 1300	Suite, Apt. #, etc. 27
City & State 23 Old Town, FL	City & State 28 Old Town, FL
Zip / Country 24 32680 / 25 Dixie	Zip / Country 29 32680 / 30 Dixie

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ODLUND, OSCAR A.
RT. 3
BOX 565
OLD TOWN FL 32680

10. Name and Address of New Registered Agent

81 Name: James Hurst 800001448608
82 Street Address (P.O. Box Number is Not Acceptable): US 19 Suwannee Gables 04/06/95--01008--021 ****130.00 ****130.00
83
84 City: Old Town, FL 85 Zip Code: 32680

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: James S. Hurst Secretary — 3-29-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TP	11 TITLE	TP	☒ Change ☐ Addition
NAME	FULFORD, JERRY L.	12 NAME	Lee Bill Green	
STREET ADDRESS	PINEWOOD & ROLLISON ST.	13 STREET ADDRESS	Spiller's Grade 349 N	
CITY-ST-ZIP	CROSS CITY FL	14 CITY-ST-ZIP	Old Town, FL 32680	
TITLE	TV	21 TITLE	TV	☒ Change ☐ Addition
NAME	HILL, JERRY W.	22 NAME	James Johnson Jr.	
STREET ADDRESS	HWY. 351 N.	23 STREET ADDRESS	County Road 358	
CITY-ST-ZIP	CROSS CITY FL	24 CITY-ST-ZIP	Jena FL	
TITLE	TV	31 TITLE	TV	☒ Change ☐ Addition
NAME	HANCOCK, JOHN G.	32 NAME	Cecil Smith	
STREET ADDRESS	COUNTY RD. 358	33 STREET ADDRESS	Suwannee Gardens	
CITY-ST-ZIP	JENA FL	34 CITY-ST-ZIP	Old Town, FL 32680	
TITLE	TS	41 TITLE	TS	☒ Change ☐ Addition
NAME	ODLUND, OSCAR A.	42 NAME	James Hurst	
STREET ADDRESS	US 19 N	43 STREET ADDRESS	US 19 Suwannee Gables	
CITY-ST-ZIP	OLD TOWN FL	44 CITY-ST-ZIP	Old Town, FL 32680	
TITLE	TT	51 TITLE	TT	☒ Change ☐ Addition
NAME	ANDERSON, DANIEL J.	52 NAME	James Lackey	
STREET ADDRESS	LYDIA ST.	53 STREET ADDRESS	Highway 349 N.	
CITY-ST-ZIP	CROSS CITY FL	54 CITY-ST-ZIP	Old Town, FL 32680	
TITLE	T	61 TITLE	T	☒ Change ☐ Addition
NAME	HURST, JAMES E.	62 NAME	Ralph C. Tyre	
STREET ADDRESS	U.S. SUWANNEE GABLES	63 STREET ADDRESS	County Road 55A	
CITY-ST-ZIP	OLD TOWN FL	64 CITY-ST-ZIP	Old Town, FL 32680	

TTS. 4/3/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James S. Hurst JAMES E. HURST 3-3-95 904 542-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #