


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07120 (9)
1. Corporation Name
DIXIE OIL DISTRIBUTING COMPANY

Principal Place of Business
P.O. BOX 1007
TIFTON GA 31793

Mailing Address
P.O. BOX 1007
TIFTON GA 31793-1007



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1985		3a. Date of Last Report 04/24/1996	
21		26		4. FEI Number 58-0670081		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		28		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LINDSEY, W.F.
901 LIVE OAK PLANTATION ROAD
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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

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	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, BOBBY	1.2 NAME	
STREET ADDRESS	MELBA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIFTON GA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, W.F.	2.2 NAME	
STREET ADDRESS	901 LIVE OAK PLANTATION	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, W.F.	3.2 NAME	
STREET ADDRESS	901 LIVE OAK PLANTATION	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, J.W. (MRS.)	4.2 NAME	
STREET ADDRESS	P.O. BOX 425 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	LENEX GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, A.V. (MRS.)	5.2 NAME	
STREET ADDRESS	P.O. BOX 271 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	LENEX GA	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, W. A.	6.2 NAME	
STREET ADDRESS	2201 MEADOWBROOK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TIFTON GA	6.4 CITY-ST-ZIP	

PAID

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14. 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 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:

W. A. McCall, Jr. Secretary of State

CR2E034 (9/96)