

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P07120**

1. Entity Name

DIXIE OIL DISTRIBUTING COMPANY

Principal Place of Business

P.O. BOX 1007

TIFTON
31793

GA

Mailing Address

P.O. BOX 1007

TIFTON
31793

GA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0670081

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LINDSEY, W.F.

901 LIVE OAK PLANTATION ROAD

TALLAHASSEE

32301

US

FL

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/28/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL SUSAN LINDSEY	
STREET ADDRESS	1347 E. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	ST	<input type="checkbox"/> Delete
NAME	LINDSEY ROBERT B	
STREET ADDRESS	1347 E. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, A.V. (MRS.)	
STREET ADDRESS	P.O. BOX 271 NA	
CITY-ST-ZIP	LENOX GA	

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, W.F.	
STREET ADDRESS	901 LIVE OAK PLANTATION	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY WM. SCOTT	
STREET ADDRESS	1347 E. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDSEY, BOBBY	
STREET ADDRESS	MELBA DRIVE	
CITY-ST-ZIP	TIFTON GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wm. Scott Lindsey

D

02/28/2000