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

PROFIT
CORPORA¥ION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09848

(3)

DIXIE REFINERIES, INC.

Principal Place of Business	Mailing Address				
P.O. BOX 1007 TIFTON GA 31793	P.O. BOX 1007 TIFTON GA 31793-1007				
2 Principal Place of Business	2a Mailing Address				

FILED May 29 1997 8:00am Secretary of State



INTON GA 31	~	INTON ON A	11197-1001								
							3. Date incorporated or Qualified 04/21/1986	3a. Da	te of Li 24/19	,	port
	Place of Business	2a. Mailing /	Address				4. FEI Number	·		App	lied For
21		26					58-0876914			Not.	Applicable
Sulte, Apt.	#, etc.	<u> </u>	Suite, Apt #, etc.				5. Certificate of Status Desired		•	75 Ad ee Req	lditional uired
City & Stat	le	City & St	tate				Election Campaign Financing Trust Fund Contribution			.00 M	
Zip	Country	Zip		Cour	nlrv		8. This corporation has liability for i				
24	25	29		30	,			Yes [JUI 5. I	99.032,
	9, Name and Address of Curre		ent	1901			10. Name and Address of New Reg				
IINC	OSEY, W.F.				81	Name					
	LIVE OAK PLANTATION ROAD			1		A	(D. C. D. M.)				
	LAHASSEE FL 32301				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
174-4	DAMAGOCE I E GEGO!			F	83						
! 				-	84	City		FI.	85	Zip Co	de
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508 I	Florida Statut	tes the ah	nove	-named corno	pration submits this statement for the n		chano	ina its	registered
office or a gent. I a	registered agent, or both, in the Statem familiar with, and accept the obliq	e of Florida, Such (gations of, Section	change was 607.0505, Fi	authorized lorida Statu	i by utes	the corporation	oration submits this statement for the pon's board of directors. Thereby accep	t the appo	ointmei	nt as re	gislered
SIGNATURE	Signature, typod or printed name of registered as	jont and title if applicable	(NO1	II : Angistered	Ager	nt signaturo required	d where reinstating)	DATE			
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PD		□ DEFELE	1.1 111	L€				☐ Chá	inge	Addition Addition
NAMÉ	LINDSEY, BOBBY			1.2 NA	ME						
STREET ADDRESS	MELBA DRIVE	•		1.3 STF	REETA	ADDRESS					
CITY-ST-ZIP	TIFTON GA			1.4 CIT	Y-\$1	r- ZIP					
TITLE	D		DELETE	2.1 TH	LE				Cha	inge	Addition Addition
NAME	LINDSEY, W.F.			2.2 NA	ME	Į					
STREET ADDRESS	901 LIVE OAK PLANTATION			2.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL			2. 4 CF	TY-S	T-ZIP					
TITLE	D		DELETE	3.1 TIT	l F				Cha	inge	Addition
NAME	LINDSEY, MRS. W.F.			3.2 NA	ME		AID				
STREET ADDRESS	901 LIVE OAK PLANTATION			3.3 STA	REETA	ADORESS					
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CI	TY-S	T-71P					
TITLE	ST		DELETE	4.1 TIT	LE	API	7973		☐ Cha	ınge	Addition
NAME	MCCALL, W.A.			4.2 NA	JM	. برب	00				
STREET ADDRESS	2201 MEADOWBROOK DRIVE			4 3 ST	REFT A	ADDRESS	1975				
CITY-ST-ZIP	TIFTON GA			4.4 C(T	Y-S1	CHECK	#		2_		
TITLE			DELETE	5.1 TIT	LE				Cha	ange	Addition
NAME				5.2 NA	MŁ			AL		. /	/
STREET ADDRESS				5.3 \$17	REET A	ADDRESS	•	S//)	4	12	ラ/ ら
CITY-ST-ZIP				5.4 CIT	Y - S1	- ZIP	,	[[X]	بر .	\rightarrow	4 1
TITLE		L	DELETE	6.1 T(T	LE			J 1 1	ZĮ Ch	ange	Addition
NAME				6.2 NA	ME		3000022 6 -06/09/970110		ွည		
STREET ADDRESS				6.3 \$1	REFT.	ADDRESS	-Ub/U3/3/Ullt	յլՍև	סו		
CITY-ST-ZIP				6 4 CIT			***165 . 00				

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.

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