

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09848

1. Corporation Name
DIXIE REFINERIES, INC.

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

Mailing Address
P.O. BOX 1007
TIFTON GA 31793

FILED

99 AUG 26 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1986

4. FEI Number

58-0876914

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD NAME LINDEY, BOBBY

STREET ADDRESS MELBA DRIVE

CITY-ST-ZIP TIFTON GA

☒ DELETE

TITLE D NAME LINDEY, W.F.

STREET ADDRESS 901 LIVE OAK PLANTATION

CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D NAME LINDEY, MRS. W.F.

STREET ADDRESS 901 LIVE OAK PLANTATION

CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE ST NAME MCCALL, W.A.

STREET ADDRESS 2201 MEADOWBROOK DRIVE

CITY-ST-ZIP TIFTON GA

☒ DELETE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO, D

1.2 NAME Lindsey, Wm. Scott

1.3 STREET ADDRESS 1347 E. Tennessee St.

1.4 CITY-ST-ZIP Tallahassee, FL 32308

☐ Change ☒ Addition

2.1 TITLE EVP, S

2.2 NAME Lindsey, Robert B.

2.3 STREET ADDRESS 1347 E. Tennessee St.

2.4 CITY-ST-ZIP Tallahassee, FL 32308

☐ Change ☒ Addition

3.1 TITLE D

3.2 NAME Lindsey, Bobby

3.3 STREET ADDRESS Melba Dr.

3.4 CITY-ST-ZIP Tifton, GA

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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: Wm. Scott Lindsey / Katherine Harris
8/25/99 850-877-0666

019033

CR2E034 (5/99)