## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 01, 2000 08:00 AM DOCUMENT # P09848 1. Entity Name **Secretary of State** DIXIE REFINERIES, INC. Principal Place of Business Mailing Address P.O. BOX 1007 P.O. BOX 1007 TIFTON TIFTON GA GA 31793 31793 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0876914 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDSEY, W.F. 901 LIVE OAK PLANTATION ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE 32301 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. 03/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition LINDSEY BOBBY NAME LINDSEY BOBBY STREET ADDRESS MELDA DR. STREET ADDRESS MELDA DR. CITY-ST-ZIP TIFTON GACITY-ST-ZIP TIFTON GA TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME LINDSEY ROBERT LINDSEY ROBERT STREET ADDRESS 1347 E. TENNESSEE ST. STREET ACCRESS 1347 E. TENNESSEE ST. CITY-ST-ZIF TALLAHASSEE FI 32308 CITY-ST-7IP TALLAHASSEE FT. 32308 ☐ Delete TITLE TILE EVPS X Change ☐ Addition NAME LINDSEY ROBERT NAME LINDSEY ROBERT STREET ADDRESS 1347 E. TENNESSEE ST. 1347 E. TENNESSEE ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE 32308 CITY-ST-ZIP TALLAHASSEE 32308 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME LINDSEY, MRS. W.F. NAME STREET ADDRESS 901 LIVE OAK PLANTATION STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL, CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME LINDSEY, W.F. NAME STREET ADDRESS 901 LIVE OAK PLANTATION STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FLCITY-ST-ZIP TITLE CEOD TITLE ☐ Delete Change ☐ Addition NAME LINDSEY WM, SCOTT NAME STREET ADDRESS 1347 E. TENNESSEE ST. STREET ADDRESS

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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.

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