FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002762 (1)

1. Corporation Name
DIXIE GRAY CHARTERS, INC.

Principal Place of Business	Mailing Address
455 E HIGH ST MONTICELLO FL 32344 US	455 E HIGH ST MONTICELLO FL 32344 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Rt. 2, Box 155-P
22 Suite, Apt. #, etc.
23 City & State: Monticello FL
24 Zip: 32344
25 Country: US

2a. Mailing Address
26 Rt. 2, Box 155-P
27 Suite, Apt. #, etc.
28 City & State: Monticello FL
29 Zip: 32344
30 Country: US

4. FEI Number: 59-3162698 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

WILES, CAROL L
215 S MONROE ST
2ND FLOOR
TAMPA 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	XX Change ☐ Addition	
NAME	WILES, CAROL L	12 NAME		
STREET ADDRESS	4212 ALENE DR	13 STREET ADDRESS	Rt. 2, Box 155-P	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Monticello FL 32344	
TITLE	PD	21 TITLE	☐ Change ☐ Addition	
NAME	ROBINETTE, ROBERT L SR	22 NAME		
STREET ADDRESS	550 LAGOON OAKS DR	23 STREET ADDRESS		
CITY ST ZIP	PANAMA CITY BCH FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE	XX Change ☐ Addition	
NAME	COOPR, CHARLES P	32 NAME	Cooper, Charles P	
STREET ADDRESS	435 MEADOWBROOK RD	33 STREET ADDRESS		
CITY ST ZIP	MT VERNON FL	34 CITY ST ZIP	Mt. Vernon, Illinois	
TITLE	VD	41 TITLE	XX Change ☐ Addition	
NAME	WILES, DAVID A	42 NAME		
STREET ADDRESS	455 E HIGH ST	43 STREET ADDRESS	Rt. 2, Box 155-P	
CITY ST ZIP	MONTICELLO FL	44 CITY ST ZIP	Monticello FL 32344	
TITLE	V	51 TITLE	☐ Change ☐ Addition	
NAME	ROBINETTE, LINDA	52 NAME		
STREET ADDRESS	550 LAGOON AOKS DR	53 STREET ADDRESS		
CITY ST ZIP	PANAMA CITY BCH FL	54 CITY ST ZIP		
TITLE	T	61 TITLE	XX Change ☐ Addition	
NAME	COOPER, JOANN	62 NAME		
STREET ADDRESS	435 MEADOWBROOK RD	63 STREET ADDRESS		
CITY ST ZIP	MT VERNON FL	64 CITY ST ZIP	Mt. Vernon, Illinois	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carol L Wiles Carol L. Wiles 4/28/95 904-222-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028443 CF