

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000004415 (4)

1. Corporation Name

DIXIE TRANSPORTATION SERVICES, INC.

Principal Place of Business

592 ELLIS RD
STE 116 Ft White, FL
JACKSONVILLE FL 32234
US 32038

Mailing Address

P O BOX 645
JACKSONVILLE FL 32230
US Ft. White, FL
32038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3166091

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

7. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Wilson Spring Rd

2a. Mailing Address

26 P.O. Box 645

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ft. White, FL

City & State

28 Ft. White FL

Zip

24 32038

County

25 Columbia

Zip

29 32038

County

30 Columbia

9. Name and Address of Current Registered Agent

CHADWICK, SUSAN
592 ELLIS RD
STE 116
JACKSONVILLE FL 32234

10. Name and Address of New Registered Agent

81 Name SUSAN Chadwick
82 Street Address (P.O. Box Number is Not Acceptable)
Rt 2 Box 297
83
84 Ft. White FL 85 Zip Code 32038

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 Susan Chadwick SUSAN Chadwick

6-12-95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHADWICK, SUSAN L
STREET ADDRESS	592 ELLIS RD / STE 116
CITY ST ZIP	JACKSONVILLE FL
TITLE	ST
NAME	GLAIZE, SUZANNE M
STREET ADDRESS	1229 POTTSBURG CREEK DR.
CITY ST ZIP	JACKSONVILLE FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	SUSAN Chadwick	
1.3 STREET ADDRESS	Rt 2 Box 297	
1.4 CITY ST ZIP	Fort White, FL 32038	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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)(k), 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 Susan Chadwick SUSAN Chadwick 6/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-497-4115

CR25034 (3/95)