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PROFIT CORPORATION ANNUAL REPORT

1996

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	Mailing Address
Wilson Springs Rd Ft. White FL 32038 US	PO Box 64 Ft. White FL US 32038

2. Principal Place of Business	2a. Mailing Address
21 Wilson Springs Rd	26 PO Box 64
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft White FL	28 City & State: Ft White FL
24 Zip: 32038 25 Country: USA	29 Zip: 32038 30 Country: USA

3. Date Incorporated or Qualified: 1-13-93

3a. Date of Last Report: 6-19-95

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Chadwick, Susan
Rt 2 Box 297
Ft White FL 32038

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: Susan Chadwick Susan Chadwick DATE: 4-18-96
Signature typed or printed name of registered agent and title if applicable — Title if Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Chadwick, Susan L.	12 NAME	
STREET ADDRESS	Rt 2 Box 297	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. White FL 32038	14 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Blaize, Suzanne M.	22 NAME	
STREET ADDRESS	1229 Pottsburg Creek Dr.	23 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32210	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	300001795903 -04/26/96--01034--015 ***200.00
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	4-25-96 JP
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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: Susan Chadwick Susan Chadwick 4-18-96 904-879-3991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President