

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

WILSON SPRING RD  
FT. WHITE FL 32038  
US

Mailing Address

P.O. BOX 645  
FT. WHITE FL 32038-0645  
US

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3166091

Applied For

Not Applicable

2. Principal Place of Business

21 Rt 2 Box 8720

2a. Mailing Address

26 Rt 2 Box 8720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Wilson Springs Rd

27 Wilson Springs Rd

City & State

City & State

23 Ft. White FL

28 Ft. White FL

Zip

Country

24 32038

25 USA

Zip

Country

29 32038

30 USA

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)

Rt 2 Box 8720

83 Wilson Springs Rd

84 City Ft. White FL

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 15, 1997

12. OFFICERS AND DIRECTORS

TITLE D CHADWICK, SUSAN L ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
RT 2 BOX 297  
FT. WHITE FL 32038

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS Rt 2 Box 8720

1.4 CITY - ST - ZIP Ft. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Susan L Chadwick Jan 15, 1997 904-497-4114

CR2E034 (9/96)