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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004415 (4)

1. Corporation		750 W			
DIXIE	TRANSPORTATION SERVIC	ES, INC.			
Principal Plac	ce of Business	Mailing Address			
1	20 WILSON SPRINGS RD	RT2 BOX 8720 WILSON			
FT. WHITE FL 32038 FT. WHITE FL 32038					
US US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 01/13/1993
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3166091 Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
	23 28				Trust Fund Contribution
Zip 24	Country 25	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible
24	g. Name and Address of Curre	29 29 Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CH	CHADWICK, SUSAN				e
	2 BOX 8720 WILSON SPRINGS	S RD.		0	
2	. WHITE FL 32038	8:		Street	et Address (P.O. Box Number is Not Acceptable)
			83	-	
			84	City	■ 85 Zip Code
				1	FL (**)
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 reflice 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 reagent. I am tabiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ac	with and title if applicable (NOTE	SAW E: Banistaran An	ent eignature	Adwick JAW 12-98 Use required when reinstating) DATE
12.		ID DIRECTORS	13.	on orginatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE		. Change Addition
NAME			1.2 NAME		
STREET ADDRESS	RT 2 BOX 8720		1.3 STREE	TADDRESS	
CITY-ST-ZIP	FT. WHITE FL		1.4 CITY -	ST-ZIP	
TITLE		DELETE	2.1 TITLE		Change X Addition
NAME			2.2 NAME		Suzanne M. Mª I NARNAY R+2 Box \$700
STREET ADDRESS			2.3 STREE		Et 2 Not 8100
CITY-ST-ZIP		DELETE	2, 4 CITY- 3,1 TITLE	ST-ZIP	Fr. White, FL 32038
NAME			3.1 IIILE 3.2 NAME		Li Change Li Addition
STREET ADDRESS			3.3 STREE	t ADDRESS	
CITY-ST-ZIP			3.4. CITY-		
TITLE		DELETE	4.1 TITLE	01-511,	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - 8	T-ZIP	
TITLE		DELETE	6.1 TITLE	J	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.