

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000033412 (6)

1. Corporation Name

DIXIE TRUCKING, INC.



Principal Place of Business

1724-B SANTA BARBARA BLVD
NAPLES FL 33964

Mailing Address

1724-B SANTA BARBARA BLVD
NAPLES FL 33964

3. Date Incorporated or Qualified
05/06/1993

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 1918 40th Terrace S. W.

Suite, Apt. #, etc.

2a. Mailing Address

26 1918 40th Terrace S. W.

Suite, Apt. #, etc.

4. FEI Number
65-0411714

Applied For
Not Applicable

22 City & State

23 Naples Fla

27 City & State

28 Naples, Fla.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

33999

25 Country

Collier

29 Zip

33999

30 Country

Collier

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YAH, TERESA
1724-B SANTA BARBARA BLVD
NAPLES FL 33964

81 Name

TERESA YAH

82 Street Address (P.O. Box Number is Not Acceptable)

1918 40th TERRACE SW

83

84 City

NAPLES

FL

85 Zip Code

33999

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Teresa Yahl

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YAH, TERESA	
STREET ADDRESS	675 27TH ST SW	
CITY - ST - ZIP	NAPLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YAH, RICHARD D	
STREET ADDRESS	4330 PINE RIDGE EXT	
CITY - ST - ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	YAH, JEAN	
STREET ADDRESS	4330 PINE RIDGE EXT	
CITY - ST - ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUFF, KELLY G	
STREET ADDRESS	4393 11TH AVE SW	
CITY - ST - ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE:

Teresa Yahl Teresa Yahl, President

3/10/96

941-352-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)