## FILE NOW: FILING FEE AFTER MAY 1 15 \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE Sandra B. Morthacii

Secretary of State DIVISION OF CORPORATIONS

1996

P93000033744 (2) DOCUMENT #

DIXIE LEE TRUCKING, INC.



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1216 BALDWIN PLACE			ng Address 216 BALDWIN PLACI EHIGH ACRES FL 33				
LEHIGH ACRES FL 33936		L	LETION HORES I E SOOO			3. Date Incorporated or Qualified 05/06/1993	3a. Date of Last Report 01/19/1995
2. Principal Plac	be of Business	F 1	Mailing Address			4. FEI Number 59-2607697	Applied For Not Applicable
Suite, Apt. #.	etc	} 1	Suite, Apt. #, etc			5. Cert-ficate of Status Desired	\$8.75 Additional Fee Required
City & State		27	City & State			Flection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Zip	Gount 30	у		s □ No
4]	25 9. Name and Address of Currer		ered Agent			10. Name and Address of New I	Registered Agent
PURKS, DENNIS W 1216 BALDWIN PL LEHIGH ACRES FL 33936				8	2 Street Addr 3 4 City	ess (P.O. Box Number is Not Accepta	FL 85 Zip Code
or registere familiar with	od agent, or both, in the State of Floring, and accept the obligations of, Soc Structure typed or professional of et registered to the OFFICERS AN	tion 607.0	0506, Florida Statuto	es	rporation's boa	ration submits this statement for the puriod directors. Thereby accept the appropriate the statement for the puriod of directors. Thereby accept the appropriate the statement for the puriod of the statement for	DATE FICERS AND DIRECTORS IN 12  Change   Addition
TITLE NAME STREET ADDRESS	P BUTLER, WILLIAM C. 1216 BALDWIN PL LEHIGH ACRES FL		☐ DELETE		AE EET ADORESS		G Change   Accino.
CITY-ST-ZIP TITLE NAME	Butler Virgini 1216 Baldwin F		☐ DELETE	2 ° 10 2 8 NAI	AE .		Change Addition
STREET ADDRESS  CITY - ST - ZIP	Lehigh Acres,		33936		EET ADDRESS Y-S1-ZIF UF		☐ Change ☐ Addition
TIFLE NAME STREET ADDRESS	Purks, Dennis W	ι.	33936		ME REET ACORESS Y = ST = ZIP		
CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS	Lehigh Acres, F	21.	DELETE	4 1 TI 4 2 NA	it.		☐ Change ☐ Addition
CITY-ST-ZIP TIFLE NAME			DELETE	5 ° TI 52 NA			☐ Change ☐ Addition
STREET ADDRESS				5.4 C	TY-ST ZIP		Change Addition
CITY-ST-ZIP TITLF NAME			☐ DELETE	62 N	TLE MAC		Change D Addition

certify that the information indicated out this terminal that the receiver or trusted empowered oath; that I am an officer or director of the corporation or the receiver or trusted empowered appears in Block 12 or Block 13 if changed, or on an attachment with an aridress.

GNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florid

4/12/96 941-657-3103