FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 21 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043956 (0)

1. Corporation Name

DIXIE 4 X 4 MUD BOG, INC.

Principal Place of Business	Mailing Address
HWY 44 & 415 NEW SMYRNA BCH FL 32168 US	P.O. BOX 1922 BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO Box 2473
Suite, Apt. #, etc.
27
City & State
28 Bunnell, FL
Zip 29 32110 Country 30 Flagler

4. FEI Number: 59-3191681 ☐ 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

MCCONNELL, HARRY G
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH FL 32118

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	HEIN-MATHEN, THEA M	1.2 NAME	
STREET ADDRESS	375 COUNTY RD 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☑ Change ☐ Addition
NAME	MATHEN, DAVID K	2.2 NAME	
STREET ADDRESS	275 COUNTY RD 200	2.3 STREET ADDRESS	375 County Rd 200
CITY-ST-ZIP	BUNNELL FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	VANKLEECK, YVETTE	3.2 NAME	
STREET ADDRESS	2525 BELMONT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	WISE, SUE	4.2 NAME	
STREET ADDRESS	306 N BLUE LAKE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, including any fee, is true 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 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] x 3/15/95 x 904 437-8713
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THEA M. HEIN-MATHEN.

0403731 FD