


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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000048823 (7)					
1. Corporation Name DIXIE DINERS, INC.					
Principal Place of Business 201 HOLLYWOOD BLVD. N.E. FORT WALTON BEACH FL 32548			Mailing Address 201 HOLLYWOOD BLVD. N.E. FORT WALTON BEACH FL 32548		
2. Principal Place of Business 21 1186 EGLIN PKWY Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. BOX 778 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/13/1993	
23 SHALIMAR, FL Zip 24 32579 Country 25 OKALOOSA		28 SHALIMAR, FL Zip 29 32570 Country 30 OKALOOSA		4. FEI Number 59-3200408 Applied For Not Applicable	
9. Name and Address of Current Registered Agent CLARY, CHARLES W 3 OLD FERRY ROAD SHALIMAR FL 32579		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
		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					
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-nating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CLARY, CHARLES W JR				
STREET ADDRESS	3 OLD FERRY ROAD				
CITY-ST-ZIP	SHALIMAR FL 32579				
TITLE	DV	<input type="checkbox"/> DELETE			
NAME	MCKELVY, WILLIAM R III				
STREET ADDRESS	1738 GIANT SYCAMORE LANE				
CITY-ST-ZIP	BAKER FL 32531				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	CLARY, CHARLES W III				
STREET ADDRESS	37 COUNTRY CLUB DR., E.				
CITY-ST-ZIP	DESTIN FL 32540				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 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: <i>Charles W Clary</i> April 28-1998					

CR2E034 (10/97)