

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 # P93000065920 (9)

1. Corporation Name

DIXIE PACKAGING & SUPPLY COMPANY, INC.

Principal Place of Business

Mailing Address

7401 N PALAFOX STREET
PENSACOLA FL 32503
US

7401 N PALAFOX STREET
PENSACOLA FL 32503
US



3. Date Incorporated or Qualified

09/17/1993

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Dixie Packaging & Supply Co.

2a. Dixie Packaging & Supply Co.

22 2320 Town St. Suite 2

27 P.O. Box 8428

23 Pensacola, Florida

28 Pensacola, Florida

24 32503

29 32503

25 Escambia

30 Escambia

4. FEI Number

59-3198462

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

10. Name and Address of New Registered Agent

TYLER, MARSHA
7401 N PALAFOX STREET
PENSACOLA FL 32503

81 Name Marsha Tyler

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

2320 Town Street Suite 2

83

84 Pensacola

FL

85 Zip Code

32503

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 to be applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	HARTBARGER, MELISSA	
STREET ADDRESS	7401 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TYLER, MARSHA	
STREET ADDRESS	7401 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TYLER, JOHN THOMAS	
STREET ADDRESS	7401 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
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	Sam DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Melissa Hartbarger	
1.3 STREET ADDRESS	2320 Town St. Suite 2	
1.4 CITY-ST-ZIP	Pensacola, FL. 32503	
2.1 TITLE	Marsha Tyler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marsha Tyler	
2.3 STREET ADDRESS	2320 Town St. Suite 2	
2.4 CITY-ST-ZIP	Pensacola, FL. 32503	
3.1 TITLE	John Thomas Tyler	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Thomas Tyler	
3.3 STREET ADDRESS	2320 Town St. Suite 2	
3.4 CITY-ST-ZIP	Pensacola, FL. 32503	
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

904-444-9549

Daytime Phone #

CR2E034 (12/95)