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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000037280 (2)

1. Corporation	DIXIE ENTERPRISES, INC		01200 (<i>(</i> 2)						
Principal Place of Business Mailing Address							114 90161 00101) 111(1) (4.0 1 0 (1	MEC 14111 BA11 1881	
4010 OLD DIXIE HWY Valkaria Fl 39250			4040 OLD DIXIE HWY Valkaria Fl 39250							
							3. Date Incorporated or Qualified 05/06/1994		e of Last R 04/11/1	
	ace of Business		. Mailing Address			***	4. FEI Number 59-3258129	.		Applied For
Suite Ant	# olc	26	Suite, Apt. #, etc.				Not Applical Sections of Styles Presided 88.75 Additional			Not Applicable
Suite, Apt. #, etc.			Suite, Apr. #, etc.				5. Certificate of Status Desired			Additional Required
City & State			Cty & State				6. Election Campaign Financing \$5.00 May Be			
Zip	Country	28					Trust Fund Contribution	poration has liability for intangible tax under s 199		d to Fees
24]	25	29	2 19.5	30 Cour	it. y			intangible ti Z No	ax under s	199.032,
	9. Name and Address of Cur		tered Agent	1001			10. Name and Address of New F		Agent	
					81	Name				
	r, robert l				82	Street Add	ress (P.O. Box Number is Not Acceptat	101		
4040 OLD DIXIE HWY						Oli Cot Add	et Address (F.O. Box Nomber is Not Acceptable)			
VALKA	RIA FL 39250			Ţ:	83					
				-	64	City			85 Zu	p Code
44 0			7.1500 5. 1. 0. 1.		L			FL	_ '	
SIGNATURE	Signature, typed or pointed name of registered a	ection 607.	uouo, Fiorda Statute	:S.			ration submits this statement for the pul and of directors. I hereby accept the app	DATE	· · · - · · · · ·	agent. i am
12.	OFFICERS .	AND DIREC		13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	HS IN 12
TITLE	PVD PARED DAREOT I	/U AKER, ROBERT L		1.1101			☐ Ch		Change	Addition
NAME	4040 OLD DIXIE HWY									
STREET ADDRESS	VALKARIA FL 39250					DDRESS	5			
CITY-ST-ZIP TITLE	TS TS		DELETE	1.4 CH		- ZIF			7 (20000	- Addition
NAME :	BAKER, JUDITH A							L	Change	☐ Addition
STREET ADDRESS	4040 OLD DIXIE HWY			2.2 NAM 2.3 STR		DDHESS				
CITY - ST - ZIP	VALKARIA FL 39250			24011						
TITLE			DELETE	3 1 Tif					Change	Addition
NAME	li			3.2 NAM	ΛE			•	-	_
STREET ADDRESS				33 STF	REET #	ADDRESS				
CITY-ST-ZIP				3.4 CITY		-7IP		****		
TRTLE			☐ DELETE	4 1 TIT	l. F				Change	Addition
NAME				4.2 NAN	AE.					
STREET ADDRESS						DDRESS				
CITY - ST - ZIP			The period	4.4 C/TY		ZiP				Prod. a color
TITLE			□ DELETE	5 1 7(1)		1		Ĺ	Change	☐ Addition
NAME Street address				5.2 NAV		DD05G5				
				5 3 STR		+				
CHY-ST-ZIP TITLE			DELETE	5.4 Cilh 6.1 TiTi		ZIP		Г	Change	Addition
NAME				6 2 NAN				ι	-1 Anguige	L] Addition
STREET ADDRESS				6.3 S I R		DORESS				
CITY-ST-2IP				6.4 City						

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 nily 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

4/19/96 (407) 125-2699