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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 AM 9:02

DOCUMENT # **P94000069915 (4)**

1. Corporation Name
DIXIE CHEMICAL & SUPPLY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13384 TALLAHASSEE FL 32317-3384	P.O. BOX 13384 TALLAHASSEE FL 32317-3384

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2820 B Industrial Plaza Dr.
22: Suite, Apt. #, etc.
23: City & State: Tallahassee, FL
24: Zip: 32301
25: Country: Leon

2a. Mailing Address
26: P.O. Box 12012
27: Suite, Apt. #, etc.
28: City & State: Tallahassee, FL
29: Zip: 32317
30: Country: USA

4. FEI Number: 59-3271621 ☐ 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

THOMPSON, LEE
2245 SOUTH MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: James L. Thompson
82 Street Address (P.O. Box Number is Not Acceptable): Rt 5 Box 3B
83:
84 City: Havana FL 85 Zip Code: 32333

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] 5/24/95
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, JAMES L	12 NAME		
STREET ADDRESS	P.O. BOX 13384 pr	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317-3384	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	THOMPSON, LEE	22 NAME	Donna B. Thompson	
STREET ADDRESS	P.O. BOX 13384 pr	23 STREET ADDRESS	Rt 5 Box 3B	
CITY-ST-ZIP	TALLAHASSEE FL 32317-3384	24 CITY-ST-ZIP	Havana, FL 32333	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SANDY	32 NAME		
STREET ADDRESS	P.O. BOX 13384 pr	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32317-3384	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: [signature] James L. Thompson 5/24/95 638-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400230 FP