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 #

P94000076636 (7)

DIXIE ELECTRIC, INC.

Mailing Address



Principal Place o	f Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,			
811 S.W. 14 POMPANO BI	ST. EACH FL 33060	811 S.W. 14 ST. POMPANO BEACH !	811 S.W. 14 ST. POMPANO BEACH FL 33060						
						3. Date Incorporated or Qualified 10/19/1994		of Last / 04/25/1	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
ij '		26	:6			65-0528400 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	→ ' '			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		•	00 May Be led to Fees
Zip	Country 25 29		Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\sigma \) No			
L	g. Name and Address of Curre		1221	_		10. Name and Address of New F	Registered	Agent	
	<u> </u>			81	Name				
	Y, MARGARET A		-	82	Street Addr	ss (P.O. Bo> Number is Not Acceptable)			
	/. 14 ST. NO BEACH FL 33060		ŀ	вз					
POWEA	NO BEACHTE SOUR		}	84	City		FL	85	Zip Code
SIGNATURE	, and accept the obligations of, Se			Ager	nt signature require	så when roinstating:	DATE		
2.	-	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
ITLE	PTD	DELETE	1. 1 Ti	lιE				☐ Change	e 🔲 Addition
AME	BRICKEY, MARGARET A		1.2 NA	ME					
TREET ADDRESS	811 S.W. 14 ST.		1.3 ST	REET	T ADDRESS				
ITY-\$1-ZIP	POMPANO BEACH FL 33			_	ST-ZIP			☐ Chang	e
TLE	VD	☐ DELETE	2 1 10					[] Chang	: [] Addition
AME	FUNK, JANETTE M		2 2 NA						
TREET ADDRESS	811 S.W. 14 ST.	^^^			T ADDRESS				
TY-ST-ZIP TLE	POMPANO BEACH FL 33 SD	UOU DELETE	3 1 TI	_	S1-ZIP			☐ Chang	e 🔲 Addition
AME.	MILLS, BRENDA J	G	3 2 NA						
IREET ADDRESS	811 S.W. 14 ST.		3.3 S	TREE	ET ADDRESS				
ITY-ST-ZIP	POMPANO BEACH FL 33	060	3 4 0	TY-S	ST - ZIP				
TLE		☐ DELETE	4 1 TI	ITLE				☐ Chang	je 🔲 Additio
AME			4 2 N/	AME					
THEET ADDRESS			4.3 ST	REE	1 ADDRESS				
iTY-ST-ZIP					ST-2IF			Chanc	e 🔲 Additio
TLF.		☐ DELETE	5 1 1					☐ Chang	,c ∐ routio
AME			5 2 N/						
TREET ADDRESS					ET ADDRESS				
CITY - ST - ZIP		DELETE	54 CI 6 1 T		ST-ZIP			Chang	ge 🔲 Additio
IILE		[] bettit	62 N						_
NAME					I ADORESS				
STREET ADDRESS			640	ITY-	.ST - ZIP				
CITY-ST-ZIP	and 6, that the information supplie	ad with this filing is voluntarily f	umished and	dos	es not qualify	for the exemption stated in Section 11	9.07(3)(k), F	lorida Sta	atutes. I further

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.

954.943-0763