

165
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000064116 (3)

1. Corporation Name

DIXIE EQUIPMENT AND SUPPLY, INC.

Principal Place of Business

Mailing Address

427 PINE BLUFF TRAIL
ORMOND BEACH FL 32174

427 PINE BLUFF TRAIL
ORMOND BEACH FL 32174-4225



2. Principal Place of Business

2a. Mailing Address

21 114 SHADY BRANCH TRAIL
Suite, Apt. #, etc.

26 114 SHADY BRANCH TRAIL
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORMOND BEACH FL
Zip Country

28 ORMOND BEACH, FL
Zip Country

24 32174 25 USA

29 32174 30 USA

9. Name and Address of Current Registered Agent

MALIK, CONNIE N
427 PINE BLUFF TRAIL
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

06/05/1996

4. FEI Number

59-3332972

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

10. Name and Address of New Registered Agent

81 Name

Connie Malik

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

114 SHADY BRANCH TRAIL

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MALIK, CONNIE
STREET ADDRESS 114 SHADY BRANCH TRAIL
CITY-ST-ZIP ORMONA BEACH FL 32174
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Connie MALIK
1.3 STREET ADDRESS 114 Shady Branch Trail
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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:

Connie n. Malik, Pres.
Connie n. MALIK, Pres

4-7-97

9046773255

Date

Daytime Phone #

0024645

CR2E034 (9/96)