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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000101493 (0)

DIXIE SALES COMPANY USA, INC.

FILED Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
10835 ST AUGUSTINE ROAD 10835 ST AUGUSTINE ROAD						
JACKSONVILI		JACKSONVILLE				
					DO NOT WRITE IN THIS	S SPACE
		·			3. Date Incorporated or Qualified 12/13/1996	
2. Principal Place of Business 21		26			4. FEI Number 59-34/	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	-		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip		Country	Trust Fund Contribution This corporation owes or has paid the contribution	Added to Fees
24	25	29	30		Personal Property Tax due June 30.	VZ Yes □ No
	9. Name and Address of Cur		100	1	10. Name and Address of New Registere	V
DIR	ASHIN, ROBERT R			81 Name		
10635 ST AUGUSTINE ROAD						
JACKSONVILLE FL 32257				82 Street Addr	ress (P.O. Box Number Is Not Acceptable)	
•				83		
				84 City		85 Zip Code
74.5		V.DO 4 007 4500 E: '	ala Otal 1 :		F	of changing its as states as
office or re	egistered agent, or both, in the St	ate of Florida. Such char	nge was autho	rized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate the statement for the purpose the statement for the sta	opointment as registered
agent. I ar	m familiar with, and accept the ob	figations of, Section 607	.0505, Florida	Statutes.		
SIGNATURE .	Signature, typed or printed name of registered			stered Agent signature requir	red when reinslating) DATE	
12.		AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	D	DINECTORS		1.1 TITLE	ADDITIONS/CHANGES TO OFFICE IS A	Change Addition
NAME	DRASHIN, ROBERT R			1.2 NAME		
STREET ADDRESS	10635 ST AUGUSTINE RO	AD		1.3 STREET ADDRESS		
	JACKSONVILLE FL 32257			1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	GADAGOTANEE TE GEEST	D		2.1 TITLE		Change Additio
NAME				2.2 NAME		_
STREET ADDRESS				2.3 STREET ADDRESS		
				2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	-	D		2.4 CHT-SI-ZIP 3.1 TITLE		Change Additio
NAME		٠		32 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		□ D		4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		· · · ·
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		
TITLE		□ D		5.1 TITLE		☐ Change ☐ Additio
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE		□ D		6.1 TITLE		Change Additio
NAME		_ -		6.2 NAME		• • •
STREET ADDRESS				6.3 STREET ADDRESS		
l				6.4 CITY-ST-ZIP		
CITY-ST-ZIP	actify that the information a unalice	d with this filing dose not			Section 119 07/3)(i) Florida Statutas, I further	certify that the information

reflect very that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the informatio indicated on this annual report for 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.

204212-1852