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FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000022760 (7)

1. Corporation Name

DIXIE AUTOMOTIVE REPAIR, INC.

Principal Place of Business

1812 TENNESSEE AVENUE  
LYNN HAVEN FL 32444

Mailing Address

1812 TENNESSEE AVENUE  
LYNN HAVEN FL 32444



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3432515

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1117 Ohio Ave

Suite, Apt. #, etc.

22

City & State

23 Lynn Haven, FL

Zip

24 32444

Country

25 BAY

2a. Mailing Address

26 1117 Ohio Ave

Suite, Apt. #, etc.

27

City & State

28 Lynn Haven, FL

Zip

29 32444

Country

30 BAY

9. Name and Address of Current Registered Agent

AMERIDAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Dixie Reynolds

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

3938 Peters Dr.

83

84 City

Panama City

FL

85 Zip Code

32404

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

Dixie Reynolds

Bookkeeper

4-1-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHERWOOD, RANDALL S  
STREET ADDRESS 1812 TENNESSEE AVENUE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ST ☐ DELETE

NAME SHERWOOD, DIANA L  
STREET ADDRESS 1812 TENNESSEE AVENUE  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Sherwood, Randall S.  
1.3 STREET ADDRESS 1117 Ohio Ave.  
1.4 CITY-ST-ZIP Lynn Haven, FL 32444

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Sherwood, Diana L.  
2.3 STREET ADDRESS 1117 Ohio Ave  
2.4 CITY-ST-ZIP Lynn Haven, FL 32444

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 [Signature]

Diana L. Sherwood 4/1/98 (550) 271-9244

CR2E034 (10/97)