

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 16 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 # P97000074738 (0)

1. Corporation Name
OLDE DIXIE INC.

Principal Place of Business

2188 WATEROAK DR.
CLEARWATER FL 33674

Mailing Address

2188 WATEROAK DR.
CLEARWATER FL 33674

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1997

4. FEI Number

59-3466734

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

BRACE, RONALD
720 E. FLETCHER AVE.
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name DANIEL G. WENDLING
82 Street Address (P.O. Box Number is Not Acceptable)
2188 WATEROAK DR
83 CLEARWATER FL 33674
84 City FL 85 Zip Code

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]*
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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	WENDLING, DANIEL G	2188 WATEROAK DR.	CLEARWATER FL 33674	<input type="checkbox"/>
D	WENDLING, SUSAN K	2188 WATEROAK DR.	CLEARWATER FL 33674	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	1.5 TITLE	1.6 NAME	1.7 STREET ADDRESS	1.8 CITY-STATE-ZIP	1.9 TITLE	1.10 NAME	1.11 STREET ADDRESS	1.12 CITY-STATE-ZIP	1.13 TITLE	1.14 NAME	1.15 STREET ADDRESS	1.16 CITY-STATE-ZIP	1.17 TITLE	1.18 NAME	1.19 STREET ADDRESS	1.20 CITY-STATE-ZIP
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				
				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				
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				<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition					<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition				

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]*

7-28-98

CR2E034 (5/98)