## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000086121

6782 WOLF RUN LANE

NORTH FORT MYERS, FL 33917

Address:

City-St-Zip:

Entity Name: DIXIE STRUCTURES AND MAINTENANCE, INC.

FILED Mar 14, 2008 Secretary of State

| Current P                | rincipai Piac                              | e of Business:  | New Principal Place               | or pusiness:                            |
|--------------------------|--|---|-----------------------------------|---|
|                          | TH ELM STRE<br>, FL 33935                  | ET  |                                   |   |
| Current Mailing Address: |  |   | New Mailing Address:              |   |
|                          | TH ELM STRE<br>, FL 33935                  | ET  |                                   |   |
| FEI Number               | r: 59-3477226                              | FEI Number Applied For ( )  | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )       |
| Name and                 | d Address of                               | Current Registered Agent:   | Name and Address                  | of New Registered Agent:                |
| 851 SOUT                 | ELL, A. BRYAN<br>TH ELM STRE<br>, FL 33935 |   |                                   |   |
| The above in the State   | e named entity<br>e of Florida.            | submits this statement for the                                    | purpose of changing its registere | ed office or registered agent, or both, |
| SIGNATU                  |  |   |                                   |   |
| Election Ca              |  | nic Signature of Registered Ag<br>ng Trust Fund Contribution ( ). | ent                               | Date                                    |
|                          |  | .,  | ADDITIONS/CHANC                   | ES TO OFFICERS AND DIRECTORS            |
| OFFICERS AND DIRECTORS:  |  |   |                                   |   |
| Title:<br>Name:          | PSTD (<br>BLACKWELL,                       | ) Delete<br>GWFN G  | Title:<br>Name:                   | () Change () Addition                   |
| Address:                 | 851 SOUTH EI                               |   | Address:                          |   |
| City-St-Zip:             | LABELLE, FL                                | 33935   | City-St-Zip:                      |   |
| Title:                   | D (  | ) Delete  | Title:                            | ( ) Change ( ) Addition                 |
| Name:                    | BLACKWELL,                                 | ,   | Name:                             | ( ) change ( ) / landson                |
| Address:                 | 851 SOUTH ÉI                               |   | Address:                          |   |
| City-St-Zip:             | LABELLE, FL                                | 33935   | City-St-Zip:                      |   |
| Title:                   | VD (                                       | ) Delete  | Title:                            | ( ) Change ( ) Addition                 |
| Name:                    | BLACKWELL,                                 |   | Name:                             | <b>3</b> - ( )                          |
| Address:                 | 851 SOUTH EI                               | LM STREET   | Address:                          |   |
| City-St-Zip:             | LABELLE, FL                                | 33935   | City-St-Zip:                      |   |
| Title:                   | V (  | ) Delete  | Title:                            | ( ) Change ( ) Addition                 |
| Name:                    | BLACKWELL.                                 | CHRISTOPHER R   | Name:                             |   |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GWEN G. BLACKWELL PRES 03/14/2008