2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000065838** Apr 27, 2000 8:00 am Secretary of State und. Sun his org DIXIE WELLNESS, INC. 01-12-2000 90077 012 \*\*\*150.00 Principal Place of Business 1130 HALLAMWOOD TRAIL SOUTH 1130 HALLAMWOOD TRAIL SOUTH LAKELAND FL 33813 LAKELANO FL 33813-1818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Numb City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHRITTON, CHARLES P Street Address (P.O. Box Number is Not Acceptable) %WENDEL CHRITTON PARKS & DEBARI CHARTERED 5300 S. FLORIDA AVE. LAKELAND FL 33813 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ্রান্ত ইতিহারী (রাজ্য জনার) ইতিহুটি ই ইতিহার আধিত ইয়ার ১১ ইতি ক্রিক্টেই মুখ্টোট্ডের উল্লেখ্যনের জনার 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Trust Fund Contribution. П Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME NAME DHN C.CORRIGAN STREET ADDRESS 1130 HALLAM LOOD TRAK, SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change dition NAME DIXIE H. GRRIGAN. NAME STREET ADDRESS STREET ADDRESS 1130 HALLAM WOOD FRAIL, SOUTH CITY-ST-ZIP CITY-ST-ZIP AKELAND, FL 33013 TITLE ☐ Delete TITE ☐ Change ■ Addition NAME M. ... STREET ADDRESS STACET ADDRESS CITY - ST- 7IP CITY - :: i - ZIP ☐ Delete TITI F ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment wit other like empowered. ... SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

2000 Uniform Business Report (UBR)					20.201	1	
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Suite, Apt. #, etc		Suite, Apt. # etc		DO NOT WRITE IN THIS SPACE			
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	6. Name and Address of Current R	eciste (M)	17	5. Certificate of Status Desired	Tee Require	ditional d	
			-	Name and Address of New Regist	ered Agent		
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			Сіту		FL Zip Cod	e	
8. The above	named entity submits this statement for t	he purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida			
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of the corr	poration or the receiver or trusted and over or on an attachment with an address, but	med to execute this report as in all other like empowered.	SHY-SI-ZiP  The exemption stated in Silvandure shall have the sirequired by Chapter 60 control of the control o	ection 119.07(3)(i). Florida Statutes I further same legal effect as if made under oath, the provide Statutes: and that my name appears	or certify that the intention of the int	formation or director Block 12 if	
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