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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

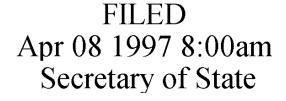
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$88686

(8)

DIXIE OUTDOOR PRODUCTS, INC.





Principal Plan	e of Business	Mailing Address		·		
611 COMMERCIAL DR. P. O. BOX 250656						
B P.O. BOX 656						
HOLLY HILL FL 32117 HOLLY HILL FL 32125-0656					3. Date Incorporated or Qualified 3a. Date of Last Report	
		••			10/21/1991	04/18/1996
2, Principa F	lace of Business	2a. Mailing Address	****		4. FEI Number	Applied For
21		26		59-3087812	Not Applicable	
Suite, Apt. #, etc 22		Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State					6. Election Campaign Financing	\$5.00 May Be
23		28	******	··········	Trust Fund Contribution	Added to Fees
. <i>Z</i> ір r=-1	Country	Zip	Country	•	8. This corporation has liability for i	
24	25 9. Name and Address of Currer		<u>                                     </u>		Florida Statutes  10. Name and Address of New Re	Yes No
		it uedistaian waani	81	Name	(U, Maine and Address of New Ne	Aletelen Vileur
	DEN, JOHN M. I VANDERBILT DR.					
	IOND BEACH FL 32174		82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)
ONI	IONO BEACHTE SETT		83			
			84	Cit.		ler Zo Codo
			04	City		FL 85 Zip Code
S:GNATURE	Sticatore, speed or probled name of registered ago OFFICERS AN		Registered Age	ent signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TILE	D	DELETE	1,1 TITLE		ADDITION OF THE RESERVE TO OF THE	Change Addition
NAME	MAIDEN, JOHN M.		1.2 NAME			
STREET ADDRESS	1284 VANDERBILT DRIVE		1.3 STREET	ADDRESS		
CITY-\$1-79°	ORMOND BEACH FL		1.4 CITY - S	T-ZIP		
T-TEE		L DELETE	21 TITLE			Change Addition
NAME CARLES COMPAGE			2.2 NAME	*000000		
STREET ADDRESS City - St - Zin			2.3 STREET 2.4 CITY-1	J	,	
TILE		DELETE	3.1 TITLE	31. 411		€% Change Addition
NAVE			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CHY-SI-ZiP		T DOLLAR	3.4. CITY-	ST-ZIP	4411-14-14-14-14-14-14-14-14-14-14-14-14	T 61 T
11116	i	☐ DELETE	4.1 TITLE			Change L Addition
NAME STREET APORESS			4. 2 NAME 4.3 STREET	Annece		
STRUCT APPRESS STEP SEZIF			4.4 CITY - 9			
1-11.1		DELETE	5.1 TITLE	. 6.11		Change Addition
HAME			5.2 NAME			
STREET ATTORESS			5.3 STREET	ADDRESS		
(31 Y - \$1 - 259			5.4 CITY - 9	T-ZIP		**************************************
10.F		DELETE	6.1 TITLE			Change Addition
NAMÉ			6.2 NAME			
STREET ADDRESS			6.3 STREET			
C41X - S1 - ZIP			6.4 CITY - S	it-zip		

14. I do 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:

MAN M. MAINEN STEEL OF BIGNING OFFICER OR DIRECTOR

4-3-97 904-255-080

COOCTA