# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66971 (5)

1. Corporate Name
DIXIE AUTOMOTIVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 515 S. DIXIE HIGHWAY EAST<br>POMPANO BEACH FL 33060 | 515 S. DIXIE HIGHWAY EAST<br>POMPANO BEACH FL 33060 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 04/22/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / County 25 | Zip 29 / County 30 |

4. FEI Number: NOT APPLICABLE — ☐ 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 was liable for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| THRALL, ROBERT<br>515 S. DIXIE HIGHWAY EAST<br>POMPANO BEACH FL 33060 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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(S)

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95 |
|---|---|
| TITLE: D<br>NAME: THRALL, ROBERT<br>STREET ADDRESS: 515 S. DIXIE HIGHWAY E.<br>CITY ST ZIP: POMPANO BEACH FL | 1 TITLE ☐ Change ☐ Addition<br>2 NAME<br>3 STREET ADDRESS<br>4 CITY ST ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 5 TITLE ☐ Change ☐ Addition<br>6 NAME<br>7 STREET ADDRESS<br>8 CITY ST ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 9 TITLE ☐ Change ☐ Addition<br>10 NAME<br>11 STREET ADDRESS<br>12 CITY ST ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 13 TITLE ☐ Change ☐ Addition<br>14 NAME<br>15 STREET ADDRESS<br>16 CITY ST ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 17 TITLE ☐ Change ☐ Addition<br>18 NAME<br>19 STREET ADDRESS<br>20 CITY ST ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | 21 TITLE ☐ Change ☐ Addition<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, if an officer or director, or on an attachment with an address.

SIGNATURE: R.A. Thrall pres. R.A. THRALL 3-18-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0103164 CP