

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 253726



1. Entity Name

J A MITCHELL MILLING COMPANY

Principal Place of Business

**616 N.E. 1ST AVE.
P. O. BOX 386
JASPER FL 32052**

Mailing Address

**616 N.E. 1ST AVE.
P. O. BOX 386
JASPER FL 32052**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-0940131**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, JOE C.
902 N.W. 4TH STREET
JASPER FL 32052**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete
NAME: **MITCHELL, W. S., III**
STREET ADDRESS: **304 SE 5TH STREET**
CITY- ST- ZIP: **JASPER FL**

TITLE: **V** ☐ Delete
NAME: **MITCHELL, JESSE A., JR.**
STREET ADDRESS: **800 LOMAX STREET**
CITY- ST- ZIP: **JACKSONVILLE FL**

TITLE: **ST** ☐ Delete
NAME: **MITCHELL, JOE C.**
STREET ADDRESS: **902 N.W. 4TH ST.**
CITY- ST- ZIP: **JASPER FL**

TITLE: **D** ☐ Delete
NAME: **MILTON, BESSIE M.**
STREET ADDRESS: **7006 HANSON DR. SO.**
CITY- ST- ZIP: **JACKSONVILLE FL**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: **U00000597844**
STREET ADDRESS: **01/24/07-80044-013 150.00**
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William S. Mitchell III
WILLIAM S. MITCHELL III

1-18-07 386-792-2548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #