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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

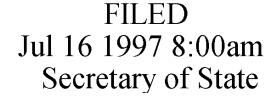
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

282808

(5)

MONTICELLO MILL AND ELEVATOR INC





Principal Place GERALD A. M. POST OFFICE MONTICELLO	<u>BO</u> X 207								
						3. Date Incorporated or Qualif 06/29/1964	1	Date of Last R 03/04/1996	eport
2. Principal I	Place of Rusiness	2a. Mailing Address				4. FEI Number	J		oplied For
21		[26]				59-1052340 Not Applicable			
Suite, Apt		Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Sta	te	City & State	<del></del>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28 Z <sub>(D</sub>	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	<del></del>	30		Florida Statutes Yes No			
<u></u>	9. Name and Address of Curr					10. Name and Address of Nev	v Register	ed Agent	
MI	LER, GERALD A		8	31	Name				
CO	Ť.	ļ.	82 Street Ado		ess (P.O. Box Number is Not Acco	:plable)		<del></del>	
	YORK ST.		-	83			<del></del>		<del></del>
MC	INTICELLO FL 32344								
			[8	34	City		F	<b>85</b> Zip (	Code
SIGNATURE	<del></del>	ND DIRECTORS	13.		el signature requi	ed witton reinstating) ADDITIONS/CHANGES TO C	DATE OFFICERS	AND DIRECTOR	
TITLE	P	☐ DELETE	1.1 TII).	£				Change	Addition
NAME	MILLER, GERALD A		1.2 NAŅ		. أ				
STREET ADDRESS CITY-ST-ZIP	HWY. 149, BOSTON HWY., MONTICELLO FL 32345	GHOUVEHVILLE KD.	•		ADDRESS	·			
TITLE	S	DELETE	1.4 C(1) 2.1 T/1L		i · zir		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	MILLER, BARBARA R		2 2 NAN	AE.					
STREET ADDRESS	HWY. 149, BOSTON HWY.,	Grooverville RD.	2.3 STR	EFT A	ADDRESS				
CITY-ST-ZIP	MONTICELLO FL 32345		2.4 CH	-	T - ZIP				
TITLE		☐ DELETE	3 1 1171					Change	☐ Addition
NAME STREET ADDRESS			3.2 NAN		ADDRESS				•
CITY-ST-ZIP			3.3 STR 3.4. CIT						
TITLE				4.1 TITLE				Change	Addilion
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				4.4 C(1Y+S1-7IP				Change	Anadon -
TITLE NAME		☐ DELETE	5.1 TITL 5.2 NAN					Change	Addition
STREET ADDRESS					ADDRESS				
CITY-S1-ZIP	,		5.4 City						
TITLE		DELF1E		6.1 Tillé				☐ Change	Addition
NAME			6.2 NAM	ΛĒ					
STREET ADDRESS			63 STR	EET A	ADDRESS				
CITY-ST-ZIP	by coeff. that the information would	ind with this files does not so	64 City			Lin Section 119 07(3)(i) Florida Sta	atutas (4)	dhar and for that	41.0

I do nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Truther certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that Lam an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name