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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 686086

MILTON TRUSS COMPANY

(0)

FILED Mar 30 1998 8:00am Secretary of State



					_	_{			
Principal Place of Business Mailing Address							10 415.1 41		
5817 COMMERCE ROAD 5817 COMMERCE ROAD									
P. O. BOX 88 MILTON FL 33		P. O. BOX 888 MILTON FL 32572	P. O. BOX 888			DO NOT WRITE IN THIS SPACE			
US	13/2	US			3. Date Incorporated or Qualified				
						09/02/1980			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Ap	optied For	
21		26				59-2019437			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22 Chair & Stocks		27						Fee Re	
City & State	8	City & State			6. Election Campaign Financing			May Be	
23 Zip	Country	Zip Country				==	Added		
24	25	29	30			This corporation owes or has paid Personal Property Tax due June 30			angible No
47	9. Name and Address of Currer		1301			10. Name and Address of New Regis			
MI	LER, JR, W.F.			81	Name				
6030 TANGLEWOOD DRIVE			į.						
	TON FL 32570		82 Street Addre			ess (P.O. Box Number is Not Acceptable)		
			83						
ţ I			\- -	84	City			85 Zip	Code
			ľ		City		FL	65 2.10	0008
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 famility with, and accept the obligations of, Sec. 177.0505, Florida Statutes.									
SIGNATURE									
<u> </u>				Agen	eriuper erutangia ti	d when reinstating)	DATE	NDEOTOE	00.001.40
12.	OFFICERS AN	D DIRECTORS	13. 1.1 IIII	_	····	ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	MULED LEON W			1.2 NAME			_	_1 Olimingo	
STREET ADDRESS	ON	1.3 STREET ADDRESS		IDODECC				j	
CITY-ST-ZIP	5817 COMMERCE RD, AVALO MILTON FL		1.4 CIT						
TITLE	DVP	. DELETE	2.1 T//(- 211			Change	☐ Addition
NAME	ANI LED WE JO			2.2 NAME			_		
STREET ADDRESS	5817 COMMERCE RD	47 COMMEDCE DO		2.3 STREET ADDRESS)
CITY-ST-ZIP	MILTON FL	III TAN EI		2.4 CITY-ST-ZIP		.*.	1		
TITLE				3.1 TITLE				Change	Addition
NAME	MILLER, J.L., SR.		3.2 NAM	32 NAME					
STREET ADDRESS			3.3 STR	3.3 STREET ADORESS					
CITY-ST-ZIP	MILTON FL		3 4. CIT	Y-\$1	r-ziP				
TITLE	D	☐ DELETE	4.1 TITL	.E	7			Change	Addition
NAME	MILLER, FANCES		4. 2 NA	ME	1				
STREET ADDRESS	5817 COMMERCE RD		4.3 STR	IEET A	uddress				ļ
CITY-ST-ZIP	MILTON FL		4.4 CIT		ZIP	, <u>,</u> ,			
TITLE	D 10 10 10 10 1	☐ DELETE	5.1 T (T)				L	Change	Addition
NAME	MILLER, JR. JOHN L. 5817 COMMERCE ROAD		5.2 NAM						
STREET ADDRESS					ADDRESS]
CITY-ST-ZIP	MILTON FL	T or the	5.4 CIT		- ZIP			10000	I database e
TITLE				6.1 TITLE			i	Change	☐ Addition
NAME			6.2 NAX						i
STREET ADDRESS				6.3 STREET ADDRESS					}
CITY-ST-ZIP			6.4 CIT	Y-51	- ZIP				

14. 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 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:

3-23-98

850-623-1967