2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address, with all

SIGNATURE:

## FILED Feb 07, 2004 08:00 AM **DOCUMENT # 804797** 1. Entity Name Secretary of State T R MILLER MILL COMPANY Principal Place of Business Mailing Address 215 DEER ST POST OFFICE BOX 708 **BREWTON AL 34626 BREWTON AL 36427** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 63-0141530 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHEM, W. SPENCER Street Address (P.O. Box Number is Not Acceptable) 3 WEST GARDEN STREET PENSACOLA FL 32501 City 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change Addition TITLE TIDE MCMILLAN, ED LEIGH, II NAME NAME STREET ADDRESS KIRKLAND RD. STREET ADDRESS CITY-ST-ZIP BREWTON, AL 00000 CITY-ST-ZIP Delete TTRLE TITLE Change Addition MILLER, JOHN R, JR NAME NAME STREET ADDRESS STREET ADDRESS **602 BELLEVILLE AVE** U000000040459 02/09/04-80048-024 150.00 BREWTON, AL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OWENS, PAUL D. NAME STREET ADDRESS STREET ADDRESS 315 BELLEVILLE AVE. CITY-ST-70P CITY-ST-ZIP BREWTON AL TITLE ☐ Change TITLE Delete ☐ Addition MITCHEM, W. SPENCER NAME NAME STREET ADDRESS **3 GARDEN STREET** STREET ADDRESS PENSACOLA FL CITY - ST- ZIP City-St-ZIP TITLE ☐ Delete TITLE Change Addition CASTLEBERRY, DAVID MAME NAME **ROUTE 1** STREET ADDRESS STREET ADDRESS CASTLEBERRY AL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition WHITE, A. DANIEL NAME NAME 1708 BONITA AVENUE, APT. 2 STREET ADDRESS STREET ADDRESS **BREWTON AL 36426** CITY-ST-ZIP C(TY-ST-7)P 12. 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 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

ke empowered.

OFFICER OR DIRECTOR

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