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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90064 042 \*\*\*150.00

DOCUMENT # F9300002597 MILTON ASSOCIATES S.C., INC. Principal Place of Business Mailing Address 753 EAST GLENN AVENUE 753 EAST GLENN AVENUE AUBURN AL 36830 AUBURN AL 36832-649 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 06/04/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 63-1023047 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible · □No 24 25 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition PCD 1 1 TITLE TITLE WEAVER, C. HADLEY JR. 1.2 NAME NAME **753 EAST GLENN AVENUE** 1.3 STREET ADDRESS STREET ADDRESS AUBURN AL 36830 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE □1 Change ☐ Addition 2.1 TITLE TITLE ٧D STROBEL, DAVID L NAME 2.2 NAME 753 EAST GLENN AVENUE STREET ADDRESS 2.3 STREET ADDRESS auburn al 36830 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE SHANNON, MICHAEL V NAME 3.2 NAME 753 EAST GLENN AVENUE 3.3 STREET ADDRESS STREET ADDRESS AUBURN AL 36830 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 41TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY-ST-ZIP

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 fue 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 with all other like empowered.

SIGNATURE:

334)821-0948

CR2E034 (11/98)