

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002597

1. Entity Name

MILTON ASSOCIATES S.C., INC.



Principal Place of Business

753 EAST GLENN AVENUE
AUBURN, AL 36830

Mailing Address

P.O. BOX 807
ORLANDO, FL 32831-0807 US



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number

63-1023047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME WEAVER, C. HADLEY JR.
STREET ADDRESS 753 EAST GLENN AVENUE
CITY-ST-ZIP AUBURN, AL 36830

TITLE VD
NAME STROBEL, DAVID L
STREET ADDRESS 753 EAST GLENN AVENUE
CITY-ST-ZIP AUBURN, AL 36830

TITLE STD
NAME SHANNON, MICHAEL V
STREET ADDRESS 753 EAST GLENN AVENUE
CITY-ST-ZIP AUBURN, AL 36830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000139545
04/29/04-80124-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2604

334-821-0928