

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004010

1. Corporation Name

Delta Milling, Inc.

Principal Place of Business

Mailing Address

1200 Snowberger Avenue
Leesburg, FL 34748

1200 Snowberger Avenue
Leesburg, FL 34748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 Snowberger Avenue Suite, Apt. #, etc. 22 City & State 23 Leesburg, FL Zip 24 34748 Country 25 USA		2a. Mailing Address 26 1200 Snowberger Avenue Suite, Apt. #, etc. 27 City & State 28 Leesburg, FL Zip 29 34748 Country 30 USA		3. Date Incorporated or Qualified 8/21/95 4. FEI Number 56-1880490 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature type for previous name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President & Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald P. Schmucker	1.2 NAME	
STREET ADDRESS	R.D.#3 Box 308B	1.3 STREET ADDRESS	
CITY-ST-ZIP	Latrobe, Pa. 15650	1.4 CITY-ST-ZIP	
TITLE	Secretary & Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry J. Kenney	2.2 NAME	
STREET ADDRESS	R.D.#15 Box 340	2.3 STREET ADDRESS	
CITY-ST-ZIP	Greensburg, Pa. 15601	2.4 CITY-ST-ZIP	
TITLE	V. President & Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald J. Pfeifer, Jr.	3.2 NAME	
STREET ADDRESS	R.D.#5 Box 583D	3.3 STREET ADDRESS	
CITY-ST-ZIP	Mt. Pleasant, Pa. 15666	3.4 CITY-ST-ZIP	
TITLE	Treasurer & Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert G. Miner, Jr.	4.2 NAME	
STREET ADDRESS	104 Rolling Meadows Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Greensburg, Pa. 15601	4.4 CITY-ST-ZIP	
TITLE	Previous President <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Janiak	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Miner Jr.

3/20/98

1-800-864-4206

CR2E034 (10/97)