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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## F9700000012 (1) DOCUMENT #

CENE MILLED COMBANY

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Principal Place of Business		Mailing Address		i sanisar kish ensis tarit abset Antit Bolli orkil onits be	
5125 E UNIVERSITY AVE DESMOINES IA 90317		5125 E UNIVERSITY AVE DESMOINES IA 50317		DO NOT WRITE IN THIS SP	
				3. Date Incorporated or Qualified 12/31/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		42-0842454	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	
Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the currer Personal Property Tax due June 30.	

**FILED** Jan 20 1998 8:00am Secretary of State



ACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees nt year Intangible X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Namo FLEMING. EDWARD P ESQ 4300 BAYOU BLVD #12 & 13, POB 30009 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DCVT TITLE DELETE 1.1 TITLE ☐ Change \_\_\_ Addition MILLER, GENE B 1.2 NAME NAME **5200 E OAKWOOD DR** STREET ADDRESS 1.3 STREET ADDRESS DES MOINES LA 50317 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE ☐ Change YOUNG, KRISTINE L NAME 2.2 NAME 7226 SE VANDALIA RD STREET ADDRESS 2.3 STREET ADDRESS RUNNELLS IA *5*0237 -CHTY-ST-ZIP 2. 4 CITY-STEZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TETLE 61 THLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if

PRESIDENT L. YOUNG,