FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:57

DOCUMENT # K60047 (3)

1. Corporation Name
MILLING, INC.

Principal Place of Business	Mailing Address
327 E HIGHBANKS RD P. O. BOX 973 DEBARY FL 32713	327 E HIGHBANKS RD P. O. BOX 973 DEBARY FL 32713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1989
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2927883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLYNN, WILLIMA J.
32213 CHIPPEWA AVE.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	FLYNN, WILLIAM J.	1.2 NAME		
STREET ADDRESS	32213 CHIPPEWA AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☑ Change ☐ Addition
NAME	PUGH, HARRY D	2.2 NAME		
STREET ADDRESS	212 CROWN OAKS WAY	2.3 STREET ADDRESS	2375 Crest Ridge Ct.	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Sanford, FL 32771-8326	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	BAGWELL, JAMES L.	3.2 NAME		
STREET ADDRESS	560 BERNASEK DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SHALETT, CHARLES	4.2 NAME		
STREET ADDRESS	505 DELTONA BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James L. Bagwell 3/6/95 407-668-4468
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
James L. Bagwell, President

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