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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L26359

(4)

1. Corporation Name

ROADSIDE MILLS, INC.

Principal Place of Business

2329 APALACHEE PARKWAY
TALLAHASSEE FL 32301-4921

Mailing Address

2329 APALACHEE PARKWAY
TALLAHASSEE FL 32301-4921

3. Date Incorporated or Qualified

10/30/1989

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2980110

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

BIELBY, LORENCE J
101 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	SMITH, J. PAUL	
STREET ADDRESS	2329 APALACHEE PKWY.	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENDRIX, TIMOTHY	
STREET ADDRESS	2329 APALACHEE PKWY.	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARES, DONALD D	
STREET ADDRESS	727 SCHOOL ST.	
CITY - ST - ZIP	PAWTUCKETT RI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNER, JAMES	
STREET ADDRESS	727 SCHOOL ST.	
CITY - ST - ZIP	PAWTUCKETT RI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HENDRIX, SUZANNE	
STREET ADDRESS	2329 APALACHEE PARKWAY	
CITY - ST - ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S/T/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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

SUZANNE CHENDRIX 4-24-97

Date

Daytime Phone #

0045517

CR2E034 (9/96)