

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

FILED
May 07 1998 8:00am
Secretary of State

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

DOCUMENT # **P13693** (7)
1. Corporation Name
OLAN MILLS, INC.

Principal Place of Business 4325 AMNICOLA HWY. P.O. BOX 23456 CHATTANOOGA TN 37422-3456 US	Mailing Address 4325 AMNICOLA HWY. P.O. BOX 23456 CHATTANOOGA TN 37422-3456 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/19/1987	
				4. FEI Number 62-1220797 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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

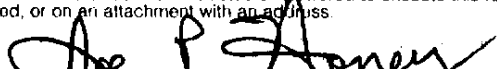
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDOWELL ROBERT L			1.2 NAME			
STREET ADDRESS	8 WOODHILL RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LOOKOUT MTN TN			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, OLAN II			2.2 NAME			
STREET ADDRESS	3076 RIVERMONT ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRIANARD DAVID			3.2 NAME			
STREET ADDRESS	2022 BAY POINT DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIKSON TN			3.4 CITY-ST-ZIP			
TITLE	VPC	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HONEY, JOE P.			4.2 NAME			
STREET ADDRESS	7529 TEE WAY CIR			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, WINSTON W			5.2 NAME			
STREET ADDRESS	4325 AMNICOLA HIGHWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, JAMES B			6.2 NAME			
STREET ADDRESS	4325 AMNICOLA HIGHWAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN			6.4 CITY-ST-ZIP			

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:



Vice-President 4/13/98 423-622-5141

CR2E034 (10/97)