

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90106 025 ***150.00

DOCUMENT # P13693

1. Entity Name
OLAN MILLS, INC.



Principal Place of Business
**4325 AMNICOLA HWY.
CHATTANOOGA, TN 37422-3456 US**

Mailing Address
**4325 AMNICOLA HWY.
CHATTANOOGA, TN 37422-3456 US**



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1220797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDOWELL ROBERT L
STREET ADDRESS 4325 AMNICOLA HWY
CITY-ST-ZIP CHATTANOOGA, TN 37406

TITLE SCD
NAME MILLS, OLAN II
STREET ADDRESS 4325 AMNICOLA HWY
CITY-ST-ZIP CHATTANOOGA, TN 37406

TITLE VCFO
NAME LARDEN, LAURA
STREET ADDRESS 4325 AMNICOLA HWY
CITY-ST-ZIP CHATTANOOGA, TN 37406

TITLE D
NAME WALKER, WINSTON W
STREET ADDRESS 4325 AMNICOLA HIGHWAY
CITY-ST-ZIP CHATTANOOGA, TN 37406

TITLE D
NAME BAKER, JAMES B
STREET ADDRESS 4325 AMNICOLA HIGHWAY
CITY-ST-ZIP CHATTANOOGA, TN 37406

TITLE D
NAME TAYLOR, ALEXANDER II
STREET ADDRESS 4325 AMNICOLA HWY
CITY-ST-ZIP CHATTANOOGA, TN 37406

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/CFD

4/15/04

Date

423-628-5141

Daytime Phone #