SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P15892

(3)

FILED

Aug 07 1997 8:00am

Secretary of State

WOODG	HAIN MILLWUHR, INC.								
Principal Plac	Mailing Address	lress			T (BB)(BB), SB) (BB) (BI)(B) (BI)(B) (BI)(B) (BI)	<u> </u>	181 010 11 1001		
900 N.W. 16 ST. FRUITLAND ID 83619		300 N.W. 16 ST. FRUITLAND ID 83619							
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	3a. Date of Las		
O Delmain al D	Disposal Displaces	On Mailing Address				09/10/1987 4. FEI Number	<u> 05/24/1996</u>		
2. Principal Place of Business		├ ─ ─¬ ~	2a. Mailing Address			, where			
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Apt # ete		93-0563778	¢0.75			
-		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 ' '	Required		
City & State		City & State			6. Election Campaign Financing	\$5.C	00 May Be		
23		28		Trust Fund Contribution		ed to Fees			
Zip	Country	Zιρ	Co	untry		8. This corporation owes or has pa		Intangible	
24	25	29	30	., <u> </u>		Personal Property Tax due June		□ No	
	9. Name and Address of Curre			-		10. Name and Address of New Re	gistered Agent		
	PRENTICE-HALL CORPORATION	N SYSTEM INC.		81	Name				
	HAYS STREET			82	Street A	ddress (P.O. Box Number is Not Acceptab	ile)		
	E 105			83					
TALL	AHASSEE FL 32301			03					
				64	City		FL 85 Z	ip Code	
11. Pureuant	to the provisions of Sections 607 050	22 and 607 1508. Florida Status	as the a	hove	e-named c	orporation submits this statement for the p		n its registered	
office or a	regi stered agent, or both, in the State	e of Florida. Such change was	authorize	ed by	the corpo	pration's board of directors. I hereby accep	of the appointment	as registered	
	m familiar with, and accept the oblig	jations of, Section 607.0505, Fi	onua Sta	nutes	·.				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	F Registore	ed Age	ni signature ré	equired when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TITLE	PD	DELETE	1.11	TLE			☐ Chang	e 🔲 Addition	
NAME	DAME, REED		1.2 N	IAME					
STREET ADDRESS	300 N.W. 16 ST.		1.3 \$	TREET	ADDRESS			Į;	
CITY-ST-ZIP	FRUITLAND ID			IIY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 T	2.1 TITLE			L Chang	je 📙 Addition 🖰	
RAME	MOORE, LEON		2.2 N	IAME					
STREET ADDRESS	7208 CASCADE DR		235	TREET	ADDRESS				
CITY-ST-ZIP	BOISE ID	effet neuerr		CITY - S	IT-ZIP		Clohan	A Park Addition	
TITLE	S LIDDELL, JIM	ZX DELETE	3.1 7			S Daniel D. 200	Chang	e XX Addition	
NAME	300 N.W. 16 ST.		3.2 N			Barner, Scott			
STREET ADDRESS	FRUITLAND ID				ADDRESS	300 N.W. 16th Street			
CITY-ST-ZIP TITLE	VD VD	DELETE	4.1 T	CITY-S	11-ZIP	Fruitland, ID 83619	Chang	e Addition	
NAME	DAME, KELLY			NAME	Į	•			
STREET ADDRESS	300 N.W. 16 ST.		- 6		ADDRESS				
CITY-ST-ZIP	FRUITLAND ID			HTY-SI	- 1				
TITLE	7	DELETE	5.1 T		1		Chang	e Addition	
NAME	ATKINSON, STEVEN J			IAME			·		
STREET ADDRESS	300 N.W. 16TH ST				ADDRESS				
CITY-ST-ZIP	FRUITLAND ID			HTY-S					
TITLE	V	☐ DELETE	6.1 T				☐ Chang	e Addition	
NAME	SMIT, JOHN		6.2 N	AME					
STREET ADDRESS	900 S 19TH ST		6.3 \$	TREET	ADDRESS			}	
	WI DEC MOINES IA				1				

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.

REGINEED 7, 2150 7/22/97 (202) 1000