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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016658 (3)

FILED May 08 1997 8:00am Secretary of State

MISSION MILLS, INC. Principal Place of Business Mailing Address P.O. BOX 664 HIGH SPRINGS FL 32643-0864 Milling Address P.O. BOX 664 HIGH SPRINGS FL 32655-0864										
							3. Date incorporated or Qualif		Date of Last R	eport
2. Procinal	Place of Business	1 2a N	failing Address				02/27/1995 4. FEI Number	<u>U</u>	18/08/1996	oplied For
1]	Tiple of Cooning	26	idiiiig 7 to di 000				59-3297128		 	t Applicable
Suite Ap:	: #, etc.		uite, Apt. #, etc.							Additional
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City & Sta	ite	C	ity & State				6. Election Campaign Financia		\$5.00	Мау Ве
3		28	·····				Trust Fund Contribution	<u> </u>		to Fees
Zip ¬	Country	 	jib .		intry		8. This corporation has liability			. 199.032,
4	25 9. Name and Address of	Current Register	rad Agant	30		· 	Florida Statutes 10. Name and Address of Net	Yes		
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	AVIS, ANDRE' M 130 N.W. 54TH DRIVE			• {						
	AINESVILLE FL 32653				82	Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
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					84	City		F	85 Zip	Code
agent I	ani iamear with, and accept the	e obligations of, S	Section 607,0505.	is autriorizet Florida Stat	d by ti lutes.	he corporat	tion's board of directors. I hereby a	accept tile e	ppontmen as	703.014.01
SIGNATURE	Stand we type a separated name of regis	stared agent and title if a	ipplicable. (N	IOTE Registered			coration submits this statement for tion's board of directors. I hereby a red when reinstalling)	DATE		
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SIGNATURE 12. NILE	State of the content name of region OFFICE	stared agent and title if a	ipplicable. (N	OTE Registered	d Agent		red when reinstaling)	DATE		RS IN 12
SIGNATURE 12. TILE HAME	Signature type of a profited name of region OFFICE PD PORTER, LARRY J	stared agent and title if a	ipplicatile. (N ORS	13. 1.1 TH	d Agent TLE AME	signature requir	red when reinstaling)	DATE	ND DIRECTOR	RS IN 12
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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 trusted 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

GNATURE AND TYPED OF PRINTED NAME OF SKINING OFFICER ON DIRECTOR

4-29-97

964 - 462 - 1367 Ondere Proce 1

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