

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

FILED

97 JUL 30 PM 3: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P95000050330 (6)

1. Corporation Name

ST. JOHNS RIVER MILLING COMPANY

Principal Place of Business

Mailing Address

THE JACKSONVILLE LANDING  
2 INDEPENDENT DR.  
JACKSONVILLE FL 32202

THE JACKSONVILLE LANDING  
2 INDEPENDENT DR.  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3325710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

Albert E. Buschman, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

2215 South Third St., Suite 101

83

84 City

Jacksonville Beach,

FL

85 Zip Code

32250

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

*Albert E. Buschman, Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME SMITH, J. PAUL  
STREET ADDRESS 330 FAIRBANKS AVE.  
CITY-ST-ZIP WINTER PARK FL 32819

TITLE ☐ DELETE

NAME FREEMAN, ROBERT W  
STREET ADDRESS 7805 ABERCORN ST.  
CITY-ST-ZIP SAVANNAH GA 31406

TITLE ☐ DELETE

NAME MCCLURE, LEWIS  
STREET ADDRESS 7805 ABERCORN ST.  
CITY-ST-ZIP SAVANNAH GA 31406

TITLE ☐ DELETE

NAME FREEMAN, WILLIAM K  
STREET ADDRESS 407 COLLEGE AVE.  
CITY-ST-ZIP SCOTTSBORO AL 35768

TITLE ☐ DELETE

NAME GIDDENS, CHARLES  
STREET ADDRESS 505 BURLINGTON DR.  
CITY-ST-ZIP SCOTTSBORO AL 35768

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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-08/04/97--01170--007  
\*\*\*\*165.00 \*\*\*\*165.00

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

*Albert E. Buschman, Jr.*

7/20/97 257-1520

CR2E034 (4/97)