

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90094 048 ***150.00

DOCUMENT # P95000050330

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

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

59-3325710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing:
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSCHMAN, ALBERT E JR.
2215 SOUTH THIRD STREET, SUITE 101
JACKSONVILLE BEACH FL 32250

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FREEMAN, ROBERT W**
STREET ADDRESS **7805 ABERCORN ST.**
CITY-ST-ZIP **SAVANNAH GA 31406**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DP**
2.3 STREET ADDRESS **Frank Robert Freeman**
2.4 CITY-ST-ZIP **10367 Walden Glenn Ct.**
JACKSONVILLE FL 32256

TITLE **D** ☐ DELETE
NAME **MCCLURE, LEWIS**
STREET ADDRESS **7805 ABERCORN ST.**
CITY-ST-ZIP **SAVANNAH GA 31406**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DV**
3.3 STREET ADDRESS **Lewis McClure**
3.4 CITY-ST-ZIP **P.O. Box 13153**
SAVANNAH, GA 31416

TITLE **D** ☐ DELETE
NAME **FREEMAN, WILLIAM K**
STREET ADDRESS **407 COLLEGE AVE.**
CITY-ST-ZIP **SCOTTSBORO AL 35768**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GIDDENS, CHARLES**
STREET ADDRESS **505 BURLINGTON DR.**
CITY-ST-ZIP **SCOTTSBORO AL 35768**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **DC**
5.3 STREET ADDRESS **Roy Mulholland**
5.4 CITY-ST-ZIP **3163 Old Barn Road**
Ponte Vedra, FL 32082

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DST**
6.3 STREET ADDRESS **Al Buschman, Jr.**
6.4 CITY-ST-ZIP **2215 S. 3rd Street, #101**
Jacksonville Beach FL 32250

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)