

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000088995

1. Entity Name

MILTON IRON & METAL CO., INC.



Principal Place of Business

7400 ST. JOSEPH ST.  
MILTON, FL 32570

Mailing Address

PO BOX 3697  
MILTON, FL 32572-3697



02122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3345758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAWLS, WILLIAM R  
7400 ST. JOSEPH ST.  
MILTON, FL 32570

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CROSBY, ELMER R
STREET ADDRESS	10321 EDENDALE RD.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	RAWLS, WILLIAM R
STREET ADDRESS	4419 CEDARBROOK CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	VP
NAME	RAWLS, WESTON R
STREET ADDRESS	3978 ANDERSHOT
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000832141  
02/27/08-80048-003-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*William R. Rawls* William R. Rawls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/08 (850) 434-3210

Date

Daytime Phone #