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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051161 (2)

1. Corporation Name

MCMILLAN ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business

1821 W JEFFERSON ST
QUINCY FL 32351

Mailing Address

P O BOX 1919
QUINCY FL 32353-1919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3425 THOMASVILLE RD

2a. Mailing Address

26 3425 THOMASVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 15

27 # 15

City & State

City & State

23 TALLAHASSEE, FL

28 TALLAHASSEE, FL

Zip

Country

Zip

Country

24 32308

25 USA

29 32308

30 USA

9. Name and Address of Current Registered Agent

MCMILLAN, S CRAIG
1821 W JEFFERSON ST
QUINCY FL 32351

10. Name and Address of New Registered Agent

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

S. CRAIG MCMILLAN

2/25/98

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCMILLAN, JANE R
STREET ADDRESS RT 2, BOX 228
CITY-ST-ZIP QUINCY FL 32351

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

Jane R McMillan Pres.

2/24/98 850-893-7074

CR2E034 (10/97)