

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

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Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **VO1453**
1. Corporation Name
OAKS MILL, INC.

Principal Place of Business
**6791 W. NEWBERRY RD.
GAINESVILLE, FL. 32605**

Mailing Address
**4923 BAYSHORE BLVD.
TAMPA, FL. 33611**

2. Principal Place of Business 21 6791 W Newberry Rd	2a. Mailing Address 26 4923 Bayshore Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23 Gainesville FL 33611	City & State 28 TAMPA FL
Zip 24 33611	Country 25 USA
Zip 29 32605	Country 30 USA

3. Date Incorporated or Qualified 12/20/91	3a. Date of Last Report 5/96
4. FEI Number 59-3099428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ARTHUR RANSOM III 50 East Bank Building 201 East Pine St, Suite 425 Orlando, FL 32801		10. Name and Address of New Registered Agent 81 Name Helen Gibbel Treasurer 82 Street Address (P.O. Box Number is Not Acceptable) Millhouse Food & Beverage Corp 83 4923 Bayshore Blvd 84 City TAMPA 85 Zip Code FL 33611	
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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 **Helen Gibbel, Treasurer** **9-17-97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE James E Cheatham, President	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS 4923 Bayshore Blvd		13 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33611		14 CITY-ST-ZIP	
TITLE Alan Painter Chairman & CEO	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS 4923 Bayshore Blvd		23 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33611		24 CITY-ST-ZIP	
TITLE Helen Gibbel Sec-Treas	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS 4923 Bayshore Blvd		33 STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33611		34 CITY-ST-ZIP	
TITLE VPL C70	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS DAN ERICKSON		43 STREET ADDRESS	
CITY-ST-ZIP 4923 Bayshore Blvd		44 CITY-ST-ZIP	
TITLE TAMPA FL 33611	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: **Helen Gibbel (Helen Gibbel) Sec-Treas** **9-17-97** **813 837 3939**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)