## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

176698 **DOCUMENT #** 

(9)

MILL	FR	FI	<b>FCTRIC</b>	COMP	VIAA

- · · -· · -	at Flatiers	Martin Andrew							
Principal Place		Mailing Address							
2251 ROSSELLE STREET JACKSONVILLE FL 32204 US		P. O. BOX 1799	MRS JANE M WYNN P. O. BOX 1799  JACKSONVILLE FL 32201  US						
		5 · · · · · · · · · · · · · · · · · ·				3. Date incorporated or Qualified 3a. Date 12/29/1953		ate of Last Report 01/25/1995	
2. Principa' Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26	<del></del>			59-0361850	N	Not Applicable	
Stiffe, Apt. #, etc. 2		Suite, Apt. #, etc.	<del></del> _			5. Certificate of Status Desired	<b>(X</b> )	\$8.75 Additional Fee Required	
Oity & State 23		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zφ	Country 25	Zip 29	Goul	ntry		8. This corporation has liability for	intangible		
24	9. Name and Address of Cur		1301			10. Name and Address of New		d Agent	
	Ti- 11 Touris William Time Line III			81	Name				
WYNN,J	IANE M			82	Chun ah A alala	ess (P.O. Box Number is Not Accepta	blol		
	DSSELLE ST			82	Street Addre	ass (r.o. box number is not Accepta	OIO)		
JACKSO	NVILLE FL 32201			83			************		
				84	City			. <b>85</b> Zip	o Code
					Oity		F	L S P	70006
or register	o the provisions of Sections 607.05 ed agent, or both, in the State of Fl h, and accept the obligations of, S	lorida. Such change was authori;	zed by the c	ve-na orpo	amed corpora pration's board	ation submits this statement for the pu d of directors. I hereby accept the app	irpose of e pointment	changing its re as registered	agistered office agent. I am
SIGNATURE.									
to grade the second second	Styriatine, typen or printed name of registered at	uent and title if applicable (N AND DIRECTORS		Agori	signature required		DATE		
12	VP	DELETE	13. 1.1 Ti	11 E		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR  Change	RS IN 12
NAME	WITT, E. E		1. F II		İ			☐ Change	AUGILION
STREET ADDRESS	2251 ROSSELLE ST.				ADDRESS				
01'Y+\$1+ZIP	JACKSONVILLE FL		1.3 ST		1				
TILLE	EVS			ILE	1-211			Change	Addition
NAME	WYNN, JANE M	Lij	22 NA						
STHEE! ADDRESS	2251 ROSSELLE ST		ı		ADDRESS				
CITY ST ZIP	JACKSONVILLE FL		2 4 CI						
TITLE	AST	☐ DELETE	3 1 11			*		☐ Change	☐ Addition
NAME	WALDEN, SUSAN A		3 2 NA	ME					
STREET ADDRESS	2251 ROSSELLE ST		3 3. S	REET	ADDRESS				
CITY - ST-ZIP	JACKSONVILLE FL		3.4 CI	TY-\$1	T-ZIP				
Till; E	P	□ DELETE	4. 1 TI	TLE				☐ Change	☐ Addition
NAMI	AUTREY, H.E.		4.2 N	ME					
STREET ADORESS	2251 ROSSELLE ST		4.3 ST	REET	ADDRESS				
CHY-SI-ZIP	JACKSONVILLE FL		4.4 CI	IY - S1	1 - ZIP			·	
TITE#	V	☐ DELETE	☐ DELETE 5.11					Change	Addition
NAMI	NELSON, JR. E H		5.2 NA						
STREET ADORESS	2251 ROSELLE ST				ADDRESS				
CITY ST ZIF	JACKSONVILLE FL	Figure 1	5 4 CI		T-ZIP			F7 0:	
TIFLE	AUTOEV D. A	DELETE	6 1 Ti		İ			Change	Addition
NAME	AUTREY, R. A.		6 2 NA						
STREET ADDRESS	2251 ROSELLE ST JACKSONVILLE FL				ADDRESS				
CITY-ST-ZIP 14 Urlo bereb	·	ed with this filing is voluntarily fur	6.4 CF			or the exemption stated in Section 11	0.7(3)(6)	Florida Statut	es I further

rice hereby certify that the information supplied with this lining is voluntarily for interest each obes not quality for the exemption stated in Section 1.19.07 (5)(k), Florida Statutes. Furner 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 eath, 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:

1/16/96 904/388-8000

CR2E034 (12/95)