

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

APPROVED AND FILED

95 MAY -1 11 3 12

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathison
Secretary of State
DIVISION OF CORPORATE AFFAIRS



DOCUMENT # F94000002876 (0)
1. Corporation Name
MILLS & LUPTON SUPPLY COMPANY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2. Principal Place of Business
**PO BOX 2273
ORLANDO FL 32802-2273**

3. Mailing Address
**PO BOX 2273
ORLANDO FL 32802-2273**

2. Principal Place of Business
21 **749 EAST 12TH STREET**
22 Scale: Apt # etc.
23 **CHATTANOOGA, TN**
24 **37401**

2a. Mailing Address
26
27
28

3. Date Registered or Reclassified
06/06/1994

3a. Date of Last Report

4. FEI Number
62-0295660

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 has liability for intangible tax under S. 199.002, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number, if Not Applicable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits the 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 a person so appointed under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12.1 NAME STREET ADDRESS CITY, ST. ZIP	C HUGHES, DAVID H 20 N. ORANGE AVE., SUITE 200 ORLANDO FL 32801	13.1 1. NAME 2. STREET ADDRESS 3. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME STREET ADDRESS CITY, ST. ZIP	D HALL, A.S. JR. 20 N. ORANGE AVE., SUITE 200 ORLANDO FL 32801	13.2 1. NAME 2. STREET ADDRESS 3. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME STREET ADDRESS CITY, ST. ZIP	DS ZEPF, J. STEPHEN 20 N. ORANGE AVE., SUITE 200 ORLANDO FL 32801	13.3 1. NAME 2. STREET ADDRESS 3. CITY, ST. ZIP	DST ZEPF, J. STEPHEN 20 N ORANGE AVE, STE 200 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME STREET ADDRESS CITY, ST. ZIP	P ANDERSON, RICHARD 749 EAST 12TH ST. CHATTANOOGA TN 37401	13.4 1. NAME 2. STREET ADDRESS 3. CITY, ST. ZIP	PD ANDERSON, R. RICHARD 749 EAST 12TH ST CHATTANOOGA, TN 37401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME STREET ADDRESS CITY, ST. ZIP	V POWELL, HARRY H 749 EAST 12TH ST. CHATTANOOGA TN 37401	13.5 1. NAME 2. STREET ADDRESS 3. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME STREET ADDRESS CITY, ST. ZIP		13.6 1. NAME 2. STREET ADDRESS 3. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.002(1)(b), Florida Statutes. I further certify that the information indicates my true and correct 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 of this report. I am required to file an attachment with an address.

SIGNATURE: **J. Stephen Zepf**
DATE: **4/27/95** TIME: **(407) 841-4755**