

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002876 (0)**

1. Corporation Name

MILLS & LUPTON SUPPLY COMPANY



Principal Place of Business

Mailing Address

749 E 12TH STREET
CHATTANOOGA TN 37401
US

PO BOX 2273
ORLANDO FL 32802-2273

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

62-0295660

Applied For

Not Applicable

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. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 of the person filing this report (not applicable)

Signature of the Registered Agent (not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	HUGHES, DAVID H	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, A.S. JR.	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ZEPF, J. STEPHEN	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, RICHARD	
STREET ADDRESS	749 EAST 12TH ST.	
CITY-ST-ZIP	CHATTANOOGA TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, HARRY H	
STREET ADDRESS	749 EAST 12TH ST.	
CITY-ST-ZIP	CHATTANOOGA TN 37401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
2. TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE	D/NT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP	32801	
4. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Robert N. Blackford	
43. STREET ADDRESS	Two S. Orange Ave	
44. CITY-ST-ZIP	Orlando, FL 32801	
5. TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Jay Clark	
53. STREET ADDRESS	20 N. Orange Ave, Suite 200	
54. CITY-ST-ZIP	Orlando FL 32801	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: *Robert N. Blackford* ROBERT N. BLACKFORD

4/29/96

(407) 841-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)