

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

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002876 (0)

1. Corporation Name
MILLS & LUPTON SUPPLY COMPANY



Principal Place of Business 749 E 12TH STREET CHATTANOOGA TN 37401 US	Mailing Address PO BOX 2273 ORLANDO FL 32802-2273
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3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 62-0295660	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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 New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD <input type="checkbox"/> DELETE
NAME	HUGHES, DAVID H
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200
CITY - ST - ZIP	ORLANDO FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	HALL, A.S. JR.
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200
CITY - ST - ZIP	ORLANDO FL
TITLE	SVT <input type="checkbox"/> DELETE
NAME	ZEPF, J. STEPHEN
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200
CITY - ST - ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BLACKFORD, ROBERT N
STREET ADDRESS	TWO S ORANGE AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	AS <input checked="" type="checkbox"/> DELETE
NAME	CLARK, JAY
STREET ADDRESS	20 N ORANGE AVE SUITE 200
CITY - ST - ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT J STEPHEN ZEPF
3.3 STREET ADDRESS	20 N ORANGE AVE STE 200
3.4 CITY - ST - ZIP	ORLANDO FL 32801
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S/AT JAY CLARK
4.3 STREET ADDRESS	20 N ORANGE AVE STE 200
4.4 CITY - ST - ZIP	ORLANDO FL 32801
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS BENJAMIN P BUTTERFIELD
5.3 STREET ADDRESS	20 N ORANGE AVE STE 200
5.4 CITY - ST - ZIP	ORLANDO FL 32801
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Jay Clark **JAY CLARK** 1/14/97 407-841-4755
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)