


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

FILED
Feb 18 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 # S55304 (7)

1. Corporation Name
MILLWORK AND DESIGN INC.



Principal Place of Business 22309 RODEO DR BROOKSVILLE FL 34602 US	Mailing Address 22309 RODEO DR BROOKSVILLE FL 34602-9173 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1991	3a. Date of Last Report 03/29/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3068851	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
30. Country	31. Suite, Apt. #, etc.	32. City & State	33. Zip	34. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BENEDICT, WAYNE
12080 74TH AVE NORTH
SEMINOLE FL

81 Name **Benedict, Wayne**
 82 Street Address (P.O. Box Number is Not Acceptable)
22309 Rodeo Dr
 83
 84 City **Brooksville, FL 34602 FL** 85 Zip Code **34602**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, WAYNE	1.2 NAME	
STREET ADDRESS	22309 RODEO DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVERING, JOHN	2.2 NAME	
STREET ADDRESS	710 48TH AVE N	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, DEBORAH	3.2 NAME	
STREET ADDRESS	22309 RODEO DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, DEBORAH	4.2 NAME	
STREET ADDRESS	22309 RODEO DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (9/96)