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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **551508** **(5)**

1. Corporation Name
THE MILLS GROUP, INC.

Principal Place of Business	Mailing Address
ATTN MR. ELLI M. A. MILLS 2700 EURELA WAY REDDING CA 96001	ATTN MR. ELLI M. A. MILLS 2700 EURELA WAY REDDING CA 96001-0223

3. Date Incorporated or Qualified: 11/10/1977
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business
21 1660 GULF BOULEVARD
Suite, Apt. #, etc.
22 1101
City & State
23 CLEARWATER, FL
Zip 24 34630 Country 25 USA

2a. Mailing Address
26 1660 GULF BOULEVARD
Suite, Apt. #, etc.
27 1101
City & State
28 CLEARWATER FL
Zip 29 34630 Country 30 USA

4. FEI Number: 59-1778911 ☐ 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

9. Name and Address of Current Registered Agent

MILLS, ELLI M A
801 W BAY DR
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: ELLI M. A. MILLS
82 Street Address (P.O. Box Number is Not Acceptable): 1660 GULF BOULEVARD
83: #1101
84 City: CLEARWATER FL 85 Zip Code: 34630

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTP MILLS, ELLI M A 801 W BAY DR LARGO, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DTP MILLS, ELLI M A 1660 GULF BLVD #1101 CLEARWATER FL 34630	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD MILLS, DONNA W 801 W BAY DR LARGO, FL 00000	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	EVD MILLS, DONNA W 3050 sANDPIPER CT CLEARWATER FL 34622	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLS, ELLI M.A. 801 W BAY DR LARGO FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S MILLS, ELLI M A 1660 GULF BLVD #1101 CLEARWATER FL 34630	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #