

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

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Apr 25 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 # 623613

(7)

1. Corporation Name
THE MILFORD CORPORATION

Principal Place of Business
**105H DUNBAR AVENUE
OLDSMAR FL 34677**

Mailing Address
**105H DUNBAR AVENUE
OLDSMAR FL 34677-2953**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1979	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2005878	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLEAKLEY, DALE E
2957 EAGLE ESTATES CIRCLE E.
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

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

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSLEY, SHARON K	1.2 NAME	
STREET ADDRESS	1307 WESLEY PLACE, N.W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA, GA 00000	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEAKLEY, DALE E.	2.2 NAME	
STREET ADDRESS	2957 EAGLE ESTATES E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEAKLEY, KENT A	3.2 NAME	
STREET ADDRESS	P. O. BOX 1781 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE SALMON WA	3.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEAKLEY, DONALD E	4.2 NAME	
STREET ADDRESS	1150 8TH AVE SW APT 2515	4.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	4.4 CITY - ST - ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNARD, ROBERT L.	5.2 NAME	
STREET ADDRESS	1545 OAK LAKE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTING, DORIS	6.2 NAME	
STREET ADDRESS	1319 FLORIDA AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	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: Dale E. Bleakley **DALE E. BLEAKLEY** 4-18-97 813-955-5704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)