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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 672461

(1)

1. Corporation Name

THE MILLS REALTY GROUP, INC.



Principal Place of Business

801 W. BAY DRIVE, SUITE 800
LARGO FL 34640-0223

Mailing Address

801 W. BAY DRIVE, SUITE 800
LARGO FL 33770-3223

2. Principal Place of Business

21 1660 GULF BOULEVARD

2a. Mailing Address

26 1660 GULF BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1101

City & State

27 1101

City & State

23 CLEARWATER, FL

Zip

Country

28 CLEARWATER, FL

Zip

Country

24 34630

25 USA

29 34630

30 USA

9. Name and Address of Current Registered Agent

MILLS, ELLI M. A.
801 WEST BAY DRIVE
LARGO FL 34640

3. Date Incorporated or Qualified

06/05/1980

3a. Date of Last Report

02/29/1996

4. FEI Number

59-2004312

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

81 Name

ELLI M. A. MILLS

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

1660 GULF BOULEVARD
1101

83

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SP ☐ DELETE

NAME MILLS, ELLI M A
STREET ADDRESS 801 W BAY DR
CITY-ST-ZIP LARGO, FL 00000

TITLE TD ☐ DELETE

NAME MILLS, ELLI M A
STREET ADDRESS 801 W BAY DR
CITY-ST-ZIP LARGO, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SP ☐ Change ☐ Addition

1.2 NAME MILLS, ELLI MA
1.3 STREET ADDRESS 1660 GULF BLVD#1101
1.4 CITY-ST-ZIP CLEARWATER FL 34630

2.1 TITLE TD ☐ Change ☐ Addition

2.2 NAME MILLS, ELLI M A
2.3 STREET ADDRESS 1660 GULF BLVD #1101
2.4 CITY-ST-ZIP CLEARWATER FL 34630

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)