

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

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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
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DOCUMENT # **F65974** (0)  
1. Corporation Name  
**MILLS RESOURCES, INC.**



Principal Place of Business <b>% ELLI M.A. MILLS 801 W. BAY DRIVE, SUITE 800 LARGO FL 34640-0223</b>	Mailing Address <b>% ELLI M.A. MILLS 801 W. BAY DRIVE, SUITE 800 LARGO FL 33770-3223</b>
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3. Date Incorporated or Qualified <b>02/04/1982</b>	3a. Date of Last Report <b>02/28/1996</b>
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2. Principal Place of Business 21 <b>1660 GULF BOULEVARD</b> Suite, Apt. #, etc. 22 <b>1101</b> City & State 23 <b>CLEARWATER, FL</b> Zip 24 <b>34630</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1660 GULF BOULEVARD</b> Suite, Apt. #, etc. 27 <b>1101</b> City & State 28 <b>CLEARWATER, FL</b> Zip 29 <b>34630</b> Country 30 <b>USA</b>	4. FEI Number <b>59-2164503</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 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 NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, DONNA W 801 W BAY DR LARGO FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V MILLS, DONNA W 3050 SANDPIPER CT CLEARWATER FL 34622 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MILLS, ELLI M A 801 W BAY DR LARGO FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PS MILLS, ELLI M A 1660 GULF BOULEVARD #1101 CLEARWATER FL 34630 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, ELLI M A 801 W BAY DR LARGO FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD MILLS, ELLI M A 1660 GULF BLVD #1101 CLEARWATER FL 34630 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

0390364

CR2E034 (9/96)