

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

FILED

Feb 03 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 # F94000002876 (0)

1. Corporation Name

MILLS & LUPTON SUPPLY COMPANY

Principal Place of Business

**749 E 12TH STREET
CHATTANOOGA TN 37401
US**

Mailing Address

**PO BOX 2273
ORLANDO FL 32802-2273**



2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 62-0295660		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, DAVID H	1.2 NAME	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, A.S. JR.	2.2 NAME	
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	SVT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEPF, J. STEPHEN	3.2 NAME	J STEPHEN ZEPF
STREET ADDRESS	20 N. ORANGE AVE., SUITE 200	3.3 STREET ADDRESS	20 N ORANGE AVE STE 200
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	ORLANDO FL 32801
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKFORD, ROBERT N	4.2 NAME	S/AT
STREET ADDRESS	TWO S ORANGE AVE	4.3 STREET ADDRESS	JAY CLARK
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	20 N ORANGE AVE STE 200
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JAY	5.2 NAME	BENJAMIN P BUTTERFIELD
STREET ADDRESS	20 N ORANGE AVE SUITE 200	5.3 STREET ADDRESS	20 N ORANGE AVE STE 200
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	ORLANDO FL 32801
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.

SIGNATURE:

Jay Clark **REQUIRE JAY CLARK**

1/14/97

407-841-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)