

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 PM 12:50

DOCUMENT # **F99324** (8)

1. Corporation Name
MILLS LINTEL SERVICE, INC.

Principal Place of Business	Mailing Address
% M. JAY LANCER 1640 RACIMO DR SARASOTA FL 34240	% M. JAY LANCER 1640 RACIMO DR SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/14/1982	01/28/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-2218062	Not Applicable
22. City & State		27. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
23. Zip		28. Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				Trust Fund Contribution	<input type="checkbox"/>
24. Country		29. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANCER, M. JAY 527-S-WASHINGTON-BLVD. SARASOTA FL 33577				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	1900 RINGLING BLVD.		
				83.			
				84. City	FL	85. Zip Code	34136

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 fee if applicable.) (NOTE: Registered Agent signature required when resigning.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, GREGORY	1.2 NAME	mills, Gregory
STREET ADDRESS	1640 RACIMO DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, CALVIN H	2.2 NAME	not an officer any longer delete
STREET ADDRESS	4305 EASTWOOD DR	2.3 STREET ADDRESS	Calvin Mills
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, MICHELE R.	3.2 NAME	
STREET ADDRESS	1640 RACIMO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, THOMAS	4.2 NAME	
STREET ADDRESS	3034 BAHIA VISTA	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Asst. T. Miller, Brian
STREET ADDRESS		5.3 STREET ADDRESS	2615 Botany
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota Fl.
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele R. Mills Sec. 3/7/95 813-371-8670
(SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR) Date Daytime Phone #