

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G60263** (2)
1. Corporation Name
MILLS REFERRAL, INC.

Principal Place of Business 7779 STARKEY ROAD 7779 STARKEY ROAD SEMINOLE FL 34647 US	Mailing Address 7779 STARKEY ROAD 7779 STARKEY ROAD SEMINOLE FL 34647 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1983	
21 Suite, Apt. #, etc.	25	26 Suite, Apt. #, etc.	30	4. FEI Number 59-2324597	Applied For Not Applicable
22 City & State	27	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	29	32 Zip	33	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	34	35 Country	36	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILLS, THOMAS P.
7779 STARKEY ROAD
SEMINOLE FL 34647**

10. Name and Address of New Registered Agent

81 Name	Lynne D Mangels
82 Street Address (P.O. Box Number is Not Acceptable)	7779 Starkey Road
83	
84 City	Seminole
85 State	FL
86 Zip Code	33777

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  **Lynne D. Mangels** 4/25/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director
NAME	MILLS, THOMAS P	1.2 NAME	Thomas P. Mills
STREET ADDRESS	7779 STARKEY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	Pres. Sect. Treasurer
NAME		2.2 NAME	Lynne D Mangels
STREET ADDRESS		2.3 STREET ADDRESS	7779 Starkey Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Seminole FL 33777
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:  **Director** 4/25/98 (813) 398-7771

CR2E034 (10/97)