

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

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**95 MAY -1 AM 11:46**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

**DOCUMENT # 663319**  
1. Corporation Name  
**BILLS MUG SHOP, INC.**

Principal Place of Business: **1950 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211**  
Mailing Address: **1950 UNIVERSITY BLVD NORTH JACKSONVILLE FLORIDA**

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	Suite, Apt. #, etc	26	Suite, Apt. #, etc	10/03/1983	05/01/93
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2326783	Not Applicable
24	County	29	County	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	County	30	County	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
81 Name				81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)	
83				83	
84 City				84 City	
85 Zip Code				85 Zip Code	

9. Name and Address of Current Registered Agent  
**MILLS, SHARON A.  
9958 HAWKS HOLLOW RD  
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANNEN, MARINA</b>	1.2 NAME	<b>RETIRED</b>
STREET ADDRESS	<b>2947 SOUTHSIDE BLVD</b>	1.3 STREET ADDRESS	<b>700001481497</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY, ST, ZIP	<b>-05/09/95--01125--016</b>
TITLE	<b>P</b>	2.1 TITLE	<b>***200.00 ***200.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, SHARON A.</b>	2.2 NAME	
STREET ADDRESS	<b>9958 HAWKS HOLLOW RD</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>JACKSONVILLE FLORIDA</b>	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
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)(k), Florida Statutes. I further certify that the information indicated on the 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: X *Sharon A. Mills* 5/28/95 (1904) 292-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date