

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

**APPROVED
AND
FILED**

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip	3. Date Incorporated or Qualified 10/03/1983	3a. Date of Last Report 05/01/93
		4. FEI Number 59-2326783	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		b. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 D	NAME LANNEN, MARINA	11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2947 SOUTHSIDE BLVD	CITY, ST, ZIP JACKSONVILLE FL	12 NAME RETIRED	
TITLE P	NAME MILLS, SHARON A.	13 STREET ADDRESS 700001481497	
STREET ADDRESS 9958 HAWKS HOLLOW RD	CITY, ST, ZIP JACKSONVILLE FLORIDA	14 CITY, ST, ZIP -05/09/95--01125--016	
TITLE	NAME	21 TITLE	***200.00 ***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	64 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