

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K41746** (4)

1. Corporation Name

MILLS HEATING & AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

**C/O KENNETH L. MILLS
1532-A N. BEAL EXTENSION
FORT WALTON BEACH FL 32547-1106**

**C/O KENNETH L. MILLS
PO BOX 3296
FORT WALTON BEACH FL 32547-296
US**

3. Date Incorporated or Qualified 10/27/1988	3a. Date of Last Report 01/30/1995
4. FEI Number 59-2925704	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLS, KENNETH L.
1532-A N. BEAL EXTENSION
FORT WALTON BEACH FL 32548**

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	PD	1.1 TITLE	PD
NAME	MILLS, KENNETH L.	1.2 NAME	MILLS, KENNETH L.
STREET ADDRESS	114 JAMESTOWN AVE.	1.3 STREET ADDRESS	2800 SAM SNEAD COURT
CITY - ST - ZIP	FT. WALTON BEACH FL	1.4 CITY - ST - ZIP	SHALIMAR, FL 32579
TITLE	ST	2.1 TITLE	ST
NAME	MILLS, KENNETH L.	2.2 NAME	MILLS, KENNETH L.
STREET ADDRESS	114 JAMESTOWN AVE.	2.3 STREET ADDRESS	2800 SAM SNEAD COURT
CITY - ST - ZIP	FT. WALTON BEACH FL	2.4 CITY - ST - ZIP	SHALIMAR, FL 32579
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

812-4776

CR2E034 (12/95)