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PROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90015 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

MILLS GROUP INC. OF SARASOTA	
Principal Place of Business	Mailing Address
% STEVEN E BAKER 3301 WHITFIELD AVE. SARASOTA FL 34243	% steven e baker 3301 whitfield ave. Sarasota Fl 34243

04/25/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0195576 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. Yes □No 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BAKER, STEVEN, E 82 Street Address (P.O. Box Number is Not Acceptable) 3301 WHITFIELD AVE. SARASOTA FL 34243 83 Zip Code 84 City 85 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 reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE □ Change ☐ Addition DC 1.1 TITLE TITLE MILLS, WALTER G. 1.2 NAME NAME 3301 WHITFIELD AVE. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE Tm F BAKER, STEVEN, E 2.2 NAME NAME 3301 WHITFIELD AVE. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE TITLE 3.1 TITLE SHARP, LEMUEL III 3.2 NAME NAME 3301 WHITFIELD AVE 3.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 3.4. CITY+ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE HENSEY, TIMOTHY D. 4. 2 NAME NAME 2806 SARASOTA GOLF CLUB BLVD STREET ADDRESS 4.3 STREET ADDRESS SARASOTA FL 4.4 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if chapter 3. or one or an attachment with an address, with all other like empowered.

64 CITY-ST-ZIE

SIGNATURE:

CITY, ST. 7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #

CR2E034 (11/98)