

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 10: 20

DOCUMENT # P18921 (7)

1. Corporation Name

MILLS COMMUNICATIONS, INC.

Principal Place of Business

210 BUSINESS PARK BOULEVARD
P.O. BOX 23259
COLUMBIA SC 29224-0259

Mailing Address

210 BUSINESS PARK BOULEVARD
P.O. BOX 23259
COLUMBIA SC 29224-0259

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/18/1988
3a. Date of Last Report 04/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

24

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

28

Zip

Country

30

4. FEI Number 58-1343846
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WICKERSHAM, SR., CHRISTOPHER W.
629 NORTH PENINSULA DRIVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLS, JACK M.
STREET ADDRESS 210 BUSINESS PARK BLVD.
CITY-ST-ZIP COLUMBIA SC

TITLE V
NAME FERGUSON, WAYNE
STREET ADDRESS 210 BUSINESS PARK BLVD.
CITY-ST-ZIP COLUMBIA SC

TITLE T
NAME HENSLEY, CHRISANNE
STREET ADDRESS 210 BUSINESS PARK BLVD.
CITY-ST-ZIP COLUMBIA SC

TITLE S
NAME ESLINGER, VICTORIA L.
STREET ADDRESS 1310 LADY ST., 5TH FLOOR
CITY-ST-ZIP COLUMBIA SC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 its 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 affidavit.

SIGNATURE:

Christanne Hensley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95 (803) 736-1111
DATE OFFICER'S PHONE #