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Feb 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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 29224-3259

3. Date Incorporated or Qualified: 04/18/1988
3a. Date of Last Report: 01/30/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Zip Country

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
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 of 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 and further will not accept the obligation of Section 607.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and block if applicable (NOTE: registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLS, JACK M.	
STREET ADDRESS	210 BUSINESS PARK BLVD.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERGUSON, WAYNE	
STREET ADDRESS	210 BUSINESS PARK BLVD.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HENSLEY, CHRISANNE	
STREET ADDRESS	210 BUSINESS PARK BLVD.	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ESLINGER, VICTORIA L.	
STREET ADDRESS	1310 LADY ST., 5TH FLOOR	
CITY-ST-ZIP	COLUMBIA SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES P. COLLINS
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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]* 1/3/97 (803) 736-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)