

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 26 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 # P40540**

**(7)**

**1. Corporation Name:**  
**MILL SERVICES CORP.**



**Principal Place of Business**

**5 ISLAND RD.  
STUART FL 34996  
US**

**Mailing Address**

**5 ISLAND RD.  
STUART FL 34996-7006  
US**

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**3. Date Incorporated or Qualified**

**09/14/1992**

**3a. Date of Last Report**

**07/25/1996**

**4. FEI Number**

**59-3114935**

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**

**D'AMIANO, ANTHONY J.  
5 ISLAND ROAD  
STUART FL 32880**

**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, 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**

*Anthony J. D'Amiano*

(NOTE: Registered Agent's signature required when reinstating)

**2-20-97**  
DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	D'AMIANO, ANTHONY J.	
STREET ADDRESS	5 ISLAND RD.	
CITY - ST - ZIP	STUART FL	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	D'AMIANO, ANTHONY R.	
STREET ADDRESS	5 ISLAND RD.	
CITY - ST - ZIP	STUART FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	D'AMIANO, ANTHONY R.	
STREET ADDRESS	5 ISLAND RD.	
CITY - ST - ZIP	STUART FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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:**

*Anthony J. D'Amiano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-20-97** 561  
220-3530  
Date Daytime Phone #

CR2E034 (9/96)