

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000003513 (6)

1. Corporation Name
MILLICAN CORPORATION



Principal Place of Business: **8375 GULF BLVD NAVARRE BEACH FL 32566 US**
 Mailing Address: **210 DOLPHIN STREET GULF BREEZE FL 32561**

2. Principal Place of Business: 21, 22, 23, 24, 25
 2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated For Current: **01/05/1994**
 3a. Date of Last Report: **02/17/1995**
 4. FUL Number: **59-3217258**
 5. Corporate Status Desired:
 6. Election Campaign Financing Trust Fund Contribution:
 7. This Corporation has liability for intangible tax under s. 193.037, Florida Statutes: Yes No
 8. Applied For:
 Not Applied For:
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**MILLICAN, IRENE M
 210 DOLPHIN STREET
 GULF BREEZE FL 32561**

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(2), 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 607.02(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MILLICAN, IRENE M	
STREET ADDRESS	210 DOLPHIN ST	
CITY, ST, ZIP	GULF BREEZE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MILLICAN, WILLIAM C	
STREET ADDRESS	210 DOLPHIN ST	
CITY, ST, ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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 1996

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the provisions stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information included on this report or supplemental financial report is true and accurate and that no signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the manager or trustee thereof. I do hereby certify that this report is my property, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Irene M. Millican*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRENE M. MILLICAN
 407-969-934-1288

CR2E034 (12/95)