


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000056646 (0)**

1. Corporation Name

MILLS AND OWENS, INCORPORATED



Principal Place of Business 4269 HEARTHSTONE DRIVE STE 100 SARASOTA FL 34238 US		Mailing Address 4269 HEARTHSTONE DRIVE STE 100 SARASOTA FL 34238-3232 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 08/01/1994		3a. Date of Last Report 04/16/1996	
4. FEI Number 65-0538531		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MILLS, ROBERT F. 4269 HEARTHSTONE DRIVE STE 100 SARASOTA FL 34238		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85	Zip Code
		FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ROBERT F	1.2 NAME	
STREET ADDRESS	4269 HEARTHSTONE DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	1.4 CITY- ST- ZIP	
TITLE	VPSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, PATRICIA K	2.2 NAME	
STREET ADDRESS	4269 HEARTHSTONE DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, JAMES G	3.2 NAME	
STREET ADDRESS	8856 HUNTINGTON PT. DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	3.4 CITY- ST- ZIP	
TITLE	VPO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GAYLE H	4.2 NAME	
STREET ADDRESS	8956 HUNTINGTON PT. DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:

Patricia K. Mills (PATRICIA K. MILLS)

April 15, 1997

941-966-
6663

Date

Daytime Phone #

0428022

CR2E034 (9/96)