SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000070139 (7)**

1. Corporation Name

MILLS & MILLS ASSOCIATION, INC.

Principal Place of Business
185 MCMAHAN DRIVE
CRAWFORDVILLE FL 32327

Mailing Address
185 MCMAHAN DRIVE
CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: **09/12/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: 593335182 — 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

BROOKS, EDNA S
185 MCMAHAN DRIVE
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name: Debbie Mills
82 Street Address (P.O. Box Number is Not Acceptable): 185 McMahan DR
83
84 City: Crawfordville FL 85 Zip Code: 32327

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: Debbie Mills — Debbie Mills — 7-22-96
Signature(s) for the Corporate Officer(s) or Registered Agent as listed if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLS, RICHARD R	
STREET ADDRESS	185 MCMAHAN DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VPD	☐ DELETE
NAME	MILLS, DEBBIE	
STREET ADDRESS	185 MCMAHAN DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	STD	☑ DELETE
NAME	BROOKS, EDNA S	
STREET ADDRESS	189 MCMAHAN DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec/PD	☐ Change ☑ Addition
1.2 NAME	Richard R. Mills	
1.3 STREET ADDRESS	185 McMahan DR	
1.4 CITY-ST-ZIP	Crawfordville FL 32327	
2.1 TITLE	Treasure/V.P.D.	☐ Change ☑ Addition
2.2 NAME	Debbie Mills	
2.3 STREET ADDRESS	185 McMahan DR	
2.4 CITY-ST-ZIP	Crawfordville FL 32327	
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		

CR2E034 (3/96)

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 119.07(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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard R. Mills 7/17/96 9042982290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #