

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

FILED

Apr 18 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 # **P95000075740 (7)**

1. Corporation Name

MILLS-SIMPSON ENTERPRISES, INC.



Principal Place of Business

Mailing Address

**3860 IRONWOOD LANE
SUITE 402
BRADENTON FL 34209**

**3860 IRONWOOD LANE
SUITE 402
BRADENTON FL 34209-6836**

3. Date Incorporated or Qualified

10/02/1995

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc.

26 Suite, Apt #, etc.

4. FEI Number

65-0639063

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADISON, MARGARET
3860 IRONWOOD LANE
SUITE 402
BRADENTON FL 34209**

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 agent 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 **P** ☐ DELETE

NAME **MADISON, MARGARET**
STREET ADDRESS **3860 IRONWOOD LANE, #402**
CITY- ST- ZIP **BRADENTON FL**

TITLE **V** ☒ DELETE

NAME **ROBERT TOCCI**
STREET ADDRESS **440 NE 17TH WAY**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **S** ☐ DELETE

NAME **SAMUEL HOUGHTON**
STREET ADDRESS **5727 HOOD STREET**
CITY- ST- ZIP **HOLLYWOOD FL**

TITLE **T** ☐ DELETE

NAME **R. BRUCE GRINNELL**
STREET ADDRESS **2777 ROSE HILL ROAD**
CITY- ST- ZIP **MARIETTA N**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Margaret O. Madison* **Margaret O. Madison, April 11, 1997 (94) 794-6548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)