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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024958 (6)

**VONCILLE L. MILLS, RPT, P.A.** 

Principal Place of Business

840 117TH TER N

Mailing Address

840 117TH TER N

**FILED** Jun 09 1997 8:00am Secretary of State



SUITE 8 ST PETERSBURG FL 33716		SUITE 5 ST PETERSBURG FL 33716-2480					
		च्या प्रकारणाञ्चलक्षाच्या एक व्यवस्थिति । 	<del>.</del>		3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last	Report
2. Principal Pi	ace of Business  1 9th Ave South	2a. Mailing Address	101-	1/	4. FEI Number		Applied For
			1367	6	59-3375656		Not Applicable
Sulte, Apt.	Petersburg	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	1 1 2	Additional Required
City & State	Petersburg, FL	28 St. Peters	burg	, FL	Election Campaign Financing     Trust Fund Contribution		May Be d to Fees
Zip	7 442 Country	<sup>ZID</sup> 33733	Country	ICA	8. This corporation has liability for in	· · -	s 199.032,
24 33	1 1 25 USA	150	ם נ	1.277		Yes No	
	9, Name and Address of Current	Registered Agent		T	10. Name and Address of New Reg	istered Agent	
	S, VONCILLE L		81	Namo			
	117TH TER N	i i	82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
SUIT		-				,	
ST P	ETERSBURG FL 33716		83	ĺ			
			84	<u> </u>			p Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutés,	the abov	e-named corp	oration submits this statement for the pu ion's board of directors. I hereby accep	rpose of changing	j its registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Floric	da Statute	y trie corporati 8.	ion's board of offectors. Thereby accept	, the appointment t	as registered
SIGNATURE	Signature, typed or printed name or registered ager	I and little if applicable (NOTE: R	egistered Age	ent signature require	ed when rainstating)	DATE.	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	D	11	☑ Change	DRS IN 12
NAME	MILLS, VONCILLE L		1.2 NAME	Voi	noille L. Mills a	the day Gove	in (vin)
STREET ADDRESS	840 117TH TER N SUITE 5		13 STREFT		BOX 13676 4521 7	th Ave Sou 17 <del>98</del> 337	]
CITY-ST-ZIP	ST PETERSBURG FL 33716	•	14 CITY - 5	ST-ZIP	of petersburg, FL 33	7 <del>738</del> 33	u =
TITLE		☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME			2.2 NAME				1
STREET ADDRESS			23 STREET	ADDRESS			
CITY-ST-ZIP			2.4 City-	SI-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3 2 NAME				İ
STREET ADDRESS			3 3 STREFT	ADDRESS			
CITY-ST-ZIP			3 4. CiTY-	ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 S1REF1	ADDRESS			
CITY-ST-2IP			4.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	5.1 THTLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP			
TITLE		☐ DELETE	6.1 THTLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	ST- ZIP			
	- 34 of a 11 of a 12 o						

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 I do nereby certify that the information supplied with this inting does not quainly for the exemption stated in Section 119.07(3)(i), Florida Statutes, inturner 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 chapted, or on an attachment with an address.