

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 OCT -6 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000030476 (1)**

1. Corporation Name

BILLS AND MILLS, INC.

Principal Place of Business

**1626 ATLANTIC UNIVERSITY CIR.
JACKSONVILLE FL 32207**

Mailing Address

**1626 ATLANTIC UNIVERSITY CIR.
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/01/1996

4. FEI Number

56-1964178

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 **4125-D WALKER AVE**

Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 **GREENSBORO, NC**

Zip Country

24 **27407**

29 **30**

9. Name and Address of Current Registered Agent

**MILLS, JAMES W JR
1626 ATLANTIC UNIVERSITY CIR.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

WILLIAM F CALDWELL

82 Street Address (P.O. Box Number is Not Acceptable)

2622 LIGHTHOUSE BEND DRIVE

83

84 City

PONTE VEDRA BEACH

FL

85 Zip Code

32082

11. Pursuant to the provisions of Sections 607.05(2) 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, which 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, Sections 607.05(2) and 607.1508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/22/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MILLS, JAMES W JR**
STREET ADDRESS **1626 ATLANTIC UNIVERSITY CIR.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE

NAME **RHODES, WILLIAM B**
STREET ADDRESS **50 FISHERMANS COVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **D** ☐ DELETE

NAME **CALDWELL, WILLIAM F**
STREET ADDRESS **2622 LIGHTHOUSE BEND DR.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

☐ Change ☐ Addition

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

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☐ 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.

CR2E034 (4/97)