FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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Suite Apt. #, etc.

City & State

S15002 DOCUMENT #

181

Corporation Name	(0)					
CLIFFORD A. MILLS OTR/L, INC.						
Principal Place of Business	Mairing Address					
2770 DAVESTON AVE. ST. AUGUSTINE FL 32095	2770 DAVESTON AVE. ST. AUGUSTINE FL 32095					
Principal Place of Business	2a. Maling Address					

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Suite, Apt. #. etc.

City & State

3. Date Incorporated or Qualified 11/26/1990	3a . D	of Last Report 04/26/1995	
4. FEI Number 59-3037487		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8. This corporation has liability for i	ntanoible	etax under s. 199 032	

Zφ Coun y Yes INO 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MILLS, CLIFFORD A. Street Address (P.O. Box Number is Not Acceptable) 2770 DAVESTON AVE. €3 ST. AUGUSTINE FL 32095 84 City 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the ecoporation's board of directors. Thereby 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 regularie Lagarit and S		E. Registeres A ent signat de requires	When the state of
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 7/11 :	Change Addition
NAME	MILLS, CLIFFORD A.		1 2 NAV :	
STREET ADDRESS	2770 DAVESTON AVE.		13 STR ET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL		1.4.C-TN - ST - ZIP	
TITLE	D	[]] DELETE	2 1 TiTi :	Change Addition
NAME	MILLS, LINDA		2.2 NAN E	
STREET ADDRESS	2770 DAVESTON AVE.		23 STR ET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY - ST - Z-P	
THILE		DELETE	3 + 1071 5	Change Change Addition
NAME			3 2 NAN E	
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TITLE		□ DELETE	4 1 TITLE	Crange Addition
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STREET ADDRESS			43 STALET ADDRESS	
CITY - ST - ZIP			44 CITY ST ZIP	
TITLE		☐ DELET E	5 1 TrT(E	Change Addition
NAME			5.2 NAN 5	
STREET ADDRESS			53 STRIET ADDRESS	
CITY-ST-ZIF			5.4 CITN - ST - ZIP	
TOLE		DELETE.	6 1 TIT F	Change Addition
NAME			6.2 NAN E	
STREET ADDRESS			63 STR ET ADDRESS	
CITY ST ZIP			6.4 CITY - ST - ZIP	

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 arm an officer or director of this 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:

SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR A. MILLS

04/23/96