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



PROFIT CORPORATION ANNUAL REPORT 1997		T (6)	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Feb 13 1997 8:00am Secretary of State				
DOCUMENT # S66877 (9) WILLIAM J. MILLS JR, INC.										<u> </u>
Principal Place of Business 3898 KINGSTON OAK COVE OVIEDO FL 32785 US Mailing Address 3898 KINGSTON OAK COVE OVIEDO FL 32785-7935 US							3. Date Incorporated or Qualified		of Last Re	
2. Principal P 21 Suite, Apt	lace of Business		2a. Mailing Address 26 Suite, Apt. #, etc.				07/15/1991 4. FEI Number 59-3086367	05/10	/ 1996 Apr	plied For Applicable
City & State 23 Zip	e	Country	27 City & State 28 Zip		ountry		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	quired May Be o Fees
21p	25	Address of Current I	29	30			This corporation has liability for Florida Statutes Name and Address of New Received.	Yes 🗀	No	199.032,
3896	.s, William J., B Kingston o Edo Fl 32765				81 82 83 84	Name Street Add	dress (P.O. Box Number is Not Accepta		85 Zip C	Code
agent. La SIGNATURE	m familiar with, a	nd accept the obligati	ons of, Section 607.050	5, Florida S	itatutes	s.	rporation submits this statement for the ation's board of directors. I hereby acce		langing its tment as r	registered egistered
12,	Signature, typed or pri	of registered agent. OFFICERS AND		(NOTE Registe		nt signature req	ured when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	IRECTOR:	5 IN 12
TITLE	D	OT TOETIO / MAD	DELETI		1 TITLE				Спапде	Addition
NAME STREET ADDRESS	MILLS, WILL 3898 KINGS1	AM J., JR. TON OAKS COVE		1.3		ADDRESS				
DITY-ST-ZIP TITLE NAME	OVIEDO FL D MILLS, BARB		DELET!	2.1	4 CITY - ST 1 TITLE 2 NAME	1-211	48,] Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	3898 KINGST OVIEDO FL D	ON OAKS COVE	☐ DELETI	2.	3 STREET 4 CITY - S 1 TITLE	ADDRESS IT-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	LASSKO, RA	YMOND St view drive		3.3	2 NAME 3 STREET 4. CITY - S	ADDRESS				
TITLE NAME STREET ADDRESS	D Ross, Edna	E. PER TRACE DRIVE	☐ DELETI	4.1	1 TITLE 2 NAME	ADORESS] Change	Addition
CITY-ST-ZIP TITLE NAME	OCEAN CITY		☐ DELET	5.1	4 CITY - ST 1 TITLE 2 NAME	T - ZIP			Change	Addition
STREET ADDRESS CITY+ST+ZIP			☐ DELETI	5.3 5.4	S STREET 1 CITY-SI	ADDRESS F-ZIP			Change	Addition
NAME STREET ADDRESS			C Dereil	6.2	1 TITLE 2 NAME 3 STREET .	ADORESS		L.	i Onange	L ADDRION

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 3 if changed or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

407.236.5000

FILED