

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V04555 (1)**

1. Corporation Name  
**SECOND MILLENNIUM, INC.**



Principal Place of Business: **13000 SAWGRASS VILLAGE CIRCLE SUITE 16 PONTE VEDRA BEACH FL 32082**  
Mailing Address: **13000 SAWGRASS VILLAGE CIRCLE SUITE 16 PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified: **01/07/1992**  
3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **59-3215195**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 315 N. 11th Ave.**  
2a. Mailing Address: **26 P.O. Box 50127**  
22. City & State: **23 Jacksonville Beach, Fl.**  
27. City & State: **28 Jacksonville Beach, Fl.**  
24. Zip: **25 32250 Duval**  
29. Zip: **30 32240 Duval**

9. Name and Address of Current Registered Agent: **SMITH, PARKER B. 13000 SAWGRASS VILLAGE CIR SUITE 16 PONTE VEDRA BEACH FL 32082**  
10. Name and Address of New Registered Agent: **81 Name: SMITH, PARKER B. 82 Street Address (P.O. Box Number is Not Acceptable): 13000 SAWGRASS VILLAGE CIR SUITE 16 PONTE VEDRA BEACH FL 32082 83 City: Jacksonville Beach, FL 84 City: Jacksonville Beach, FL 85 Zip Code: 32250**

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SMITH, PARKER STREET ADDRESS: 13000 SAWGRASS VIL CIR CITY-ST-ZIP: PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	1.1 TITLE: SMITH, PARKER B. 1.2 NAME: SMITH, PARKER B. 1.3 STREET ADDRESS: 13000 SAWGRASS VIL CIR 1.4 CITY-ST-ZIP: PONTE VEDRA BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HIONIDES, CHRIS STREET ADDRESS: 13000 SAWGRASS VIL CIR CITY-ST-ZIP: PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE: Hionides, Chris 2.2 NAME: Hionides, Chris 2.3 STREET ADDRESS: 2275 Atlantic Blvd. 2.4 CITY-ST-ZIP: Neptune Beach, Fl. 32266	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: NICHOLSON, WILLARD STREET ADDRESS: 13000 SAWGRASS VIL CIR CITY-ST-ZIP: PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	3.1 TITLE: Nicholson, Willard B., Jr. 3.2 NAME: Nicholson, Willard B., Jr. 3.3 STREET ADDRESS: 315 N. 11th Ave. 3.4 CITY-ST-ZIP: Jacksonville Beach, Fl. 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NICHOLSON, WILLARD B.,JR STREET ADDRESS: 13000 SAWGRASS VIL CIR CITY-ST-ZIP: PONTE VEDRA BCH FL	<input type="checkbox"/> DELETE	4.1 TITLE: Nicholson, Willard B., Jr 4.2 NAME: Nicholson, Willard B., Jr 4.3 STREET ADDRESS: 315 N. 11th Ave. 4.4 CITY-ST-ZIP: Jacksonville Beach, Fl. 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **WILLARD B. NICHOLSON, JR.** *W B Nicholson 4/18/96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **April 18, 1996** Daytime Phone: **904-744-1150**

CR2E034 (12/95)