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 # V48211

(9)

Principal Place of Business

7779 STARKEY ROAD SEMINOLE FL 34647

| MILLS TITLE, INC. | |
|-------------------|--|
| | |
| | |

Mailing Address

7779 STARKEY ROAD SEMINOLE FL 33777-4346

FILED May 02 1997 8:00am Secretary of State

| Suite, April #, ofic. 2 27 City & State City & State City & State Country 2p Country 3b | | | | | | | | 3. Date Incorporated or Qualified |
|--|-----------------------|---|-----------------------------|--|------------------------|-----------------|-------------------|--|
| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zej Country Zej Country S. #, secreption has boility for intargiable tax unders in 190.032. Provided the provisions of Courted Registered Apent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12, Name and Address of New Registered Agent 13, Name and Address of New Registered Agent 14, Name and Address of New Registered Agent 14, Name and Address of New Registered Agent 15, Name and Address of New Registered Agent 16, Name and Address of New Registered Agent 17, Name and Address of New Registered Agent 18, Name and Address 18, Name | 2. Principal Pi | ace of Business | 2a. M | lailing Address | | | | |
| City & State City & City & State City & City & State City & State City & State City & State City | 21 | | | | | | | |
| Trust Fund Country | Sulte, Apt. | #, etc. | <u> </u> | uite, Apt. #, etc. | | | | |
| 20 Country 7tp Sol This corporation has liability for intengale law under s. 199,032 Florida Statutes No No No No No No No N | City & State | 9 | — | ity & State | | | | |
| 9. Name and Address of Current Registered Agent MILLS, THOMAS P. 7779 STARKEY RD. SEMINOLE FL 34847 83 84 85 86 87 87 87 87 88 88 88 89 89 89 | | Country | ~ | ib | Cot | untry | | 8. This corporation has liability for intangible tax under s. 199.032. |
| Builton Superior | 24 | 25 | 29 | | 30 | | | ' |
| TTTPS STARKEY RD. SEMINOLE FL 34847 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 7p Codo 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of, Section 607,0503, Florids Statutes. SIGNATURE DPS OFFICE RS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS MILLS, THOMAS P. 11 SINET ADDRESS SIRET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 SINET ADDRESS SIRET ADDRESS TYP9 STARKEY RD. 12 SINET ADDRESS SEMINOLE FL 34647 III. WILLS, SHARON L. 22 NAM MILLS, SHARON L. 22 NAM MILLS, SHARON L. 22 NAM MILLS, SHARON L. 23 NAM SIRET ADDRESS DIV. 51-2P TITLE DELETE DILETE DILETE DILETE ADDRESS DIV. 51-2P TITLE DILETE DILETE DILETE ADDRESS DIV. 51-2P TITLE DILETE DILETE DILETE DILETE ADDRESS DIV. 51-2P TITLE DILETE D | | 9. Name and Address of Current | Register | ed Agent | | ΙΞ | | 10. Name and Address of New Registered Agent |
| ### City FL ### Addition ### A | MILLS | S, THOMAS P. | | | | 81 | Name | |
| B3 | 7779 | STARKEY RD. | | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) |
| 11. Pursuant to the provisions of Sections 607 0:02 and 607 15:06. 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 Torida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.05.05. Florida Statutes. SIGNATURE The corporation's board of directors. I hereby accept the appointment as registered states. I hereby accept the appointment as registered agent, and the state of the provision of the corporation's board of directors. I hereby accept the appointment as registered agent, and the state of the purpose of change is stated. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and the statutes. I hereby accept the appointment as registered agent, and a statutes. I hereby accept the appointment as registered agent, and a statutes. I hereby accept the appointment as registered agent, and a statutes. I here | SEMI | NULE FL 34047 | | | | 83 | | |
| office or registered agent, or both, in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607-0505, Florids Statutes. Intermediate | | | | | | 84 | City | FI 85 7ip Code |
| 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | office or ragent. I a | egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. itions of, S | Such change was a Section 607.0505, Flo | iuthorize orida Sta | ed by itutes | r the corpo s. | noration's board of directors. I hereby accept the appointment as registered |
| DPS | | | | | | - Cryc | an a gribidic is | |
| MILLS, THOMAS P. 7779 STARKEY RD. SEMINOLE FL 34847 ITITE VID MILLS, SHARON L. 7779 STARKEY RD. SIRRET ADDRESS CITY-ST-ZIP TITLE MILLS, SHARON L. 7779 STARKEY RD. SEMINOLE FL 12 NAME 22 NAME 28 STRET ADDRESS CITY-ST-ZIP TITLE MAME 32 RAMI 32 RAMI 32 RAMI 32 RAMI 33 STRET ADDRESS CITY-ST-ZIP TITLE MAME 42 NAME 42 NAME 43 STRET ADDRESS CITY-ST-ZIP TITLE MAME 51 CREAT ADDRESS CITY-ST-ZIP MAME MAME MAME MAME MAME MAME MAME MAM | | | | | | ITLE | T | |
| 13 STREET ADDRESS 1779 STARKEY RD. 13 STREET ADDRESS 14 CITY-ST-ZIP | | MILLS, THOMAS P. | | - | | | | |
| SEMINOLE FL 34647 | | | | | - 1 | | ADDRESS | |
| DELETE VTD | | | | | | | i | |
| MILLS, SHARON L. 7779 STARKEY RD. 51RET ADDRESS CITY-SI-ZIP TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP TITLE DELETE 32 NAME 32 NAME 33 STREET ADDRESS CITY-SI-ZIP TITLE DELETE 41 TITLE ABORESS CITY-SI-ZIP TITLE ABORESS CITY-SI-ZIP DELETE DELETE 51 TITLE ACTIVE ADDRESS CITY-SI-ZIP TITLE DELETE DELETE 51 TITLE ADDRESS CITY-SI-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-SI-ZIP TITLE CHANGE 53 STREET ADDRESS CITY-SI-ZIP TITLE ADDRESS CITY-SI-ZIP Change Addition Addition Addition Addition Addition ADDRESS CITY-SI-ZIP TITLE ADDRESS CITY-SI-ZIP TITLE ADDRESS CITY-SI-ZIP Change Addition Addition Addition Addition Addition ADDRESS CITY-SI-ZIP TITLE ADDRESS CITY-SI-ZIP CHANGE CREET ADDRESS CITY-SI-ZIP CHANGE CREET ADDRESS | | | | DELETE | | | 11-11 | Change Addition |
| 28 STREET ADDRESS 24 CITY-ST-ZIP | | | | <u> </u> | | | | • - |
| CITY-ST-ZIP | | | | 4 | | | ADDRESS | |
| DELETE DELETE STREET ADDRESS STR | | | | | | | | |
| NAME | | | | DELETE | | | 31-211 | Change Addition |
| 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | | | | | | | , |
| 3.4 CITY-ST-ZIP | | | | | | | ADDRESS | |
| TITLE DELETE 4.4 TITLE Change Addition NAME 4.2 NAME 4.8 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition NAME 5.1 TITLE Change Addition Addition <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>ŀ</th><th></th></t<> | | | | | | | ŀ | |
| NAME | TITLE | | | DELETE | | | | ☐ Change ☐ Addition |
| STREET ADDRESS 4,8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5,1 TITLE Change Addition NAME 5,2 NAME STREET ADDRESS 5 8 STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Change Addition NAME DELETE 6,1 TITLE Change Addition NAME 6,2 NAME CS STREET ADDRESS GS STREET ADDRESS | NAME | | | | 4.21 | NAME | j | · - — |
| A4 CITY-ST-ZIP | | | | | | | ADDRESS | |
| TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.8 STHEET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP CTTY-ST-ZIP Change Addition NAME 6.2 NAME G.2 NAME G.8 STREET ADDRESS G.8 STREET ADDRESS G.8 STREET ADDRESS | | | | | | | | |
| NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS | TITLE | | | DELETE | | | | Change Addition |
| STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE NAME 6.1 TITLE STREET ADDRESS 6.9 STREET ADDRESS | | | | | | | | · · · |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.9 STREET ADDRESS 6.9 STREET ADDRESS | | | | | | | ADORESS | |
| TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS | | | | | 1 | | | |
| NAME 6.2 NAME STREET ADDRESS 6.9 STREET ADDRESS | | | | DELETE | | | | Change Addilic |
| STREET ADDRESS 6.3 STREET ADDRESS | | | | | - 6 | | | |
| | | | | | | | ADDRESS | |
| | CITY-ST-ZIP | | | | | | | |

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 of this ennual 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 on the receiver or trusted 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.