

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **348465**

(6)

95 JAN 24 AM 9:48

1. Corporation Name
ANDREW P. MILLER, INC.

Principal Place of Business 405 S.9TH STREET P.O. BOX 491236 LEESBURG FL 34749-8236	Mailing Address 405 S.9TH STREET P.O. BOX 491236 LEESBURG FL 34749-8236
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1969	3a. Date of Last Report 02/07/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1263680	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MILLER, CHARLES G. 405 S.9TH STREET LEESBURG FL 34748				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
					FL 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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CHARLES G.	1.2 NAME	
STREET ADDRESS	405 S. 9TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDREW P. JR.	2.2 NAME	
STREET ADDRESS	1110 S. 7TH ST.	2.3 STREET ADDRESS	405 S. 9th St.
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DIANE A	3.2 NAME	
STREET ADDRESS	405 S 9TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDREW P. JR.	4.2 NAME	
STREET ADDRESS	1110 S. 7TH ST.	4.3 STREET ADDRESS	405 S. 9th St.
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 110.07(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: *Charles G. Miller* Charles G. Miller Jan. 16, 1995 (904)7879826