

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **348465** (6)

1. Corporation Name
ANDREW P. MILLER, INC.



Principal Place of Business

Mailing Address

405 S. 9TH STREET
P.O. BOX 491236
LEESBURG FL 34749-8236

405 S. 9TH STREET
P.O. BOX 491236
LEESBURG FL 34749-8236

2. Principal Place of Business

2a. Mailing Address

21 Subt., Apt. #, etc.

26 Subt., Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **34749-1236** 25

29 **34749-1236** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, CHARLES G.
405 S. 9TH STREET
LEESBURG FL 34748**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0532 and 607.1508 Florida Statutes, the above named corporation submits the 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

Signature of the New Registered Agent (If Applicable)

Signature of the Current Registered Agent (If Applicable)

(Date)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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-STATE-ZIP	LEESBURG FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDREW P. JR.	2.2 NAME	
STREET ADDRESS	405 S. 9TH ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG FL	2.4 CITY-STATE-ZIP	
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-STATE-ZIP	LEESBURG FL	3.4 CITY-STATE-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ANDREW P. JR.	4.2 NAME	
STREET ADDRESS	405 S. 9TH ST.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LEESBURG FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(a), 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 from an appointment or an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles G. Miller

1-13-96 904-787-9826
DATE OF FILING

CR2E034 (12/95)