

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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F74935 (0)

1. Corporation Name
JASON MILLER INVESTMENTS, INC.

Principal Place of Business Mailing Address
5145 EAST BAY DRIVE CLEARWATER FL 34624 **5145 EAST BAY DRIVE CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **04/05/1982** 3a. Date of Last Report **03/16/1994**

4. FEI Number **59-2173398** Applied For Not Applicable

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 2a. Mailing Address
21 R.R. 9 BOX 361 **26 P.O. BOX 20003**

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

City & State City & State
23 HENDERSONVILLE, NC **28 ST. PETERSBURG, FL**

Zip Country Zip Country
24 28792 **25 HENDERSON** **29 33742** **30 PINELLAS**

9. Name and Address of Current Registered Agent

WELCH, LINDA
5145 EAST BAY DRIVE
CLEARWATER FL 34624

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, LINDA	1.2 NAME	
STREET ADDRESS	5145 EAST BAY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, LEON	2.2 NAME	
STREET ADDRESS	5145 EAST BAY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARGOT	3.2 NAME	
STREET ADDRESS	2595 COUNTRYSIDE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 119.07(3)(b), Florida Statutes. I further certify that the information included 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: *Linda B. Welch* **LINDA B. WELCH, PRESIDENT** 1/28/95 (813)521-2438