FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION

ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J43796

(8)

MILRAW, INC.

24

Principal Place of Business	Mailing Address
₩ JOSEPH G. MILLER	% JOSEPH G. MILLER

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

FILED

Mar 27 1998 8:00am

Secretary of State

% JOSEPH G 5500 ORANGE AVE 5500 ORANGE AVE FT PIERCE FL 34947-1309 FT PIERCE FL 34947-1309

3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired

City & State City & State 23 28 Zip Country Country Zip

25 29 30 9. Name and Address of Current Registered Agent

MILLER, JOSEPH G. 5500 ORANGE AVE FT PIERCE FL 33450

Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 83

Zip Code

11/17/1986

59-2760372

6. Election Campaign Financing Trust Fund Contribution

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 11 TITLE TITLE MILLER, JOSEPH G. NAME 1.2 NAME **5500 ORANGE AVE** STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ... DELETE ☐ Change Addition TITLE 2.1 TITLE RAWE, CHRISTOPHER 2.2 NAME NAME **5500 ORANGE AVE** STREET ADDRESS 2.3 STREET ADDRESS FT PIERCE FL CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 on this annual report or supplemental annual report is the 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 of the receiver or trusted enhancement of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an altachment with an arrival research.

CMiller algulas 511 11 1 1711

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable