

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 008719 (7)

1. Corporation Name

MILLER MACHINERY AND SUPPLY COMPANY



Principal Place of Business

Mailing Address

**127 NE 27TH ST
MIAMI FL 33137**

**127 NE 27TH ST
MIAMI FL 33137**

3. Date Incorporated or Qualified

07/18/1918

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc

26
Suite, Apt. #, etc

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Zip

25
Country

29
Zip

30
Country

4. FEI Number

59-0362280

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DECKER, R. W.
127 NE 27TH ST.
MIAMI FL 33137**

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

Signature type: The principal officer or registered agent and the applicable

(NOTE: Registered Agent signature required when reconstituting)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTD**
STREET ADDRESS **DECKER, R. W.**
CITY - ST - ZIP **127 NE 27TH ST
MIAMI, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **DECKER, E L JR**
CITY - ST - ZIP **601 E. CHURCH ST.
JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MCADAMS, G. F.**
CITY - ST - ZIP **1920 TAMPA E. BLVD.
TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **GULLEDGE, E P**
CITY - ST - ZIP **606 N. PARROTT AVE
OKEECHOBEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. W. Decker - R. W. Decker - President 6-06-96 (305) 573-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)