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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name 166189

MILLER & MORRIS, INC.

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90014 011 \*\*\*150.00



Principal Plac	e of Business	Mailing Addres	55					
725 N ATLANTIC AVE			725 N ATLANTIC AVE					
DAYTONA BEACH FL 32118		DAYTONA BEAG	DAYTONA BEACH FL 32118			DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		_
						08/23/1951		
9. Bringing D	lloco of Business	2a. Mailing Ad	drese			4. FEI Number		oplied For
2. Principal Place of Business		<u> </u>	<b>⊢</b> •				<del></del>	ot Applicable
21 Suite Ant # ata			Suite, Apt. #, etc.			59-0667670		Additional
Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	equired
City & State			City & State			a Florida Compains Financing		
		— ·	<b>⊢</b> •			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23			Zip Country					
	Zip Country		<b>⊢</b>			8. This corporation owes the current year Intangible  Personal Property Tax.  No		
24	25	29	30			10. Name and Address of New Regist	<u> </u>	
	9. Name and Address of Curre	ent Registered Agen	<u> </u>	81	Name	10. Name and Address of New Neglac	elea vaeur	
0.411.0	ED 0451 D 1D			01	Name			
	ER, CARL P. JR.		82 Street Ad			dress (P.O. Box Number is Not Acceptable)		
	5 FLAGSTONE DRIVE					*** <u></u>		
DAY	TONA BEACH FL 32118			83				
				84	City		85 Zip	Code
				1 '	]	poration submits this statement for the purpo	FLiii	
SIGNATURE	Signature, typed or printed name of registered ag		· · · · · · · · · · · · · · · · · · ·		t signature require	ed when reinstating) DA		
12.	OFFICERS A	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD		DELETE 1.	TITLE			☐ Change	☐ Addition
NAME	MILLER, CARL P. JR.		1.2	NAME				
STREET ADDRESS	725 N ATLANTIC AVE		1.3	STREET	ADDRESS			
CITY-ST-ZIP_	DAYTONA BEACH FL			CITY-S	T-ZIP			
TITLE			DELETE 2.1	1 ππLE			Change	☐ Addition
NAME		the management	2.2	NAME		المان الراب الراب الشكال بالمورد فالمساكيون	/ · -	
STREET ADDRESS			2.3	STREET	ADDRESS			
CITY-ST-ZIP			2.	4 CITY-S	IT-ZIP			
TITLE	1		DELETE 3.	TITLE			Change	☐ Addition
NAME			3.3	NAME				
STREET ADDRESS	].		3.3	STREET	ADORESS			
CITY-ST-ZIP	]		3.4	4. CITY-S	T-ZIP			
TITLE				TITLE			☐ Change	☐ Addition
NAME			4.	2 NAME				
STREET ADDRESS	<u>l</u>		4.3	STREET	ADORESS			
CITY-ST-ZIP				CITY-S	1			
TILE			■ 4 4					Addition
NAME	}			1 TITLE			☐ Change	
STREET ADDRESS			DELETE 5.	NAME			☐ Change	
,		۵	DELETE 5.	NAME	raddress .		☐ Change	
CITY-ST-ZIP	i, ·,	L	DELETE 5. 5. 5.1	NAME STREET	ì		☐ Change	
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE 5.: 5.: 5.: 5.:	NAME	ì			Addition
TITLE	1		DELETE 5. 5. 5. 5. DELETE 6.	NAME STREET CITY-S TITLE	ì		☐ Change	Addition
NAME	to the second se		DELETE 5. 5. 5. 5. DELETE 6. 6.	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	T-ZIP			Addition
	to the second se		DELETE 5. 5. 5. 5. DELETE 6. 6.	2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	T-ZIP			☐ Addition

14. I hereby 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 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR