

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176698

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** MILLER ELECTRIC COMPANY

**Current Principal Place of Business:**

2251 ROSSELLE STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

SUSAN A. WALDEN  
P. O. BOX 1799  
JACKSONVILLE, FL 32201 US

**New Mailing Address:**

**FEI Number:** 59-0361850      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALDEN, SUSAN A  
2251 ROSSELLE ST  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VC  
Name: WITT, E. E  
Address: 2251 ROSSELLE ST.  
City-St-Zip: JACKSONVILLE, FL

Title: AST  
Name: BROWN, HENRY K  
Address: 2251 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL 32201

Title: ST  
Name: WALDEN, SUSAN A  
Address: 2251 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL

Title: CHAI  
Name: AUTREY, H.E.  
Address: 2251 ROSSELLE ST  
City-St-Zip: JACKSONVILLE, FL

Title: VP  
Name: LONG, THOMAS D  
Address: 2251 ROSELLE ST  
City-St-Zip: JACKSONVILLE, FL

Title: PRES  
Name: AUTREY, R A  
Address: 2251 ROSELLE ST  
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN A. WALDEN

SEC

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date