

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:08

DOCUMENT # 197739 (6)

1. Corporation Name

MILLER BEARINGS, INC.

Principal Place of Business

17 S. WESTMORELAND DRIVE
ORLANDO FL 32802

Mailing Address

17 S. WESTMORELAND DRIVE
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1956

3a. Date of Last Report
04/28/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-0788465

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

ETHERIDGE, F.R.
803 N. LAKE ADAIR BLVD.
ORLANDO FL 32804

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

Signature typed or printed below of registered agent and title if applicable.

1801L Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

CSD
ETHERIDGE, F R
803 LAKE ADAIR BL. N.
ORLANDO FL 32804

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
SHUMACHER, G A
5403 PINETRAIL WAY
ORLANDO FL 32822

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
SUAZO, BEN
7553 WOODBRIAR CT.
ORLANDO FL 32835

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
ANDERSON, R B
151 N. PHELPS AVE.
WINTER PARK FL 32789

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
FABER, C O
5011 LIDO ST
ORLANDO FL 32807

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD
KELLEY, L E
724 OAK ST
ORLANDO FL 32804

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☒ Change

☐ Addition

7553 WOODBRIAR CT
ORLANDO, FL 32835

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Craig O. Faber, Treasurer

3/28/95

(407)425-9078