

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/17/1956

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 or printed name of registered agent and State of Florida)

(If filer is Registered Agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CSD ☐ DELETE

NAME ETHERIDGE, F R
STREET ADDRESS 803 LAKE ADAIR BL. N.
CITY- ST- ZIP ORLANDO FL 32804

TITLE D ☐ DELETE

NAME SHUMACHER, G A
STREET ADDRESS 5403 PINETRAIL WAY
CITY- ST- ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME SUAZO, BEN
STREET ADDRESS 7553 WOODBRIAR CT
CITY- ST- ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME ANDERSON, R B
STREET ADDRESS 151 N. PHELPS AVE.
CITY- ST- ZIP WINTER PARK FL 32789

TITLE TD ☐ DELETE

NAME FABER, C O
STREET ADDRESS 5011 LIDO ST
CITY- ST- ZIP ORLANDO FL 32807

TITLE PD ☐ DELETE

NAME KELLEY, L E
STREET ADDRESS 724 OAK ST
CITY- ST- ZIP ORLANDO FL 32804

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Craig O. Faber / Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 1996 407 425-9078

Date

Daytime Phone #

CR2E034 (12/95)