95 MAY -1 PM 9:48

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **204786** **(8)**

1. Corporation Name
MILES GROVES AND RANCH INC

Principal Place of Business	Mailing Address
RT 3 BOX 33-A PO DRAWER M PLANT CITY FL 33564-9008	RT 3 BOX 33-A PO DRAWER M PLANT CITY FL 33564-9008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1957
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 209 W. Reynolds St.	26 P.O. Drawer M.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Plant City, Fl.	City & State 28 Plant City, Fl
Zip 24 33566 / Country 25 Hillsborough	Zip 29 33564 / Country 30 Hillsborough

4. FEI Number: 59-0825513 ☐ 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
MICHAEL L. MILES ~~2001 JAMES REDMAN PARKWAY~~ 209 Reynolds St PLANT CITY FL ~~33567~~ 33566	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~AS~~	11 TITLE	XX ☐ Change ☐ Addition
NAME	~~PELHAM, BETTY JEAN~~	12 NAME	PLEASE DELETE AS ASST. SEC.
STREET ADDRESS	~~5603 HWY 92 W~~	13 STREET ADDRESS	
CITY ST ZIP	~~PLANT CITY, FL 0~~	14 CITY ST ZIP	
TITLE	PDT	21 TITLE	☐ Change ☐ Addition
NAME	MILES, MICHAEL	22 NAME	
STREET ADDRESS	6202 MILES FARM RD.	23 STREET ADDRESS	
CITY ST ZIP	PLANT CITY, FL 0	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, KATHY SUE	32 NAME	
STREET ADDRESS	3403 N. FORBES RD.	33 STREET ADDRESS	
CITY ST ZIP	PLANT CITY, FL 00000	34 CITY ST ZIP	
TITLE	VPDT	41 TITLE	☐ Change ☐ Addition
NAME	MILES, JOHN R	42 NAME	
STREET ADDRESS	6201 MILES FARM RD	43 STREET ADDRESS	
CITY ST ZIP	PLANT CITY, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HERMIDA, REMY,	52 NAME	
STREET ADDRESS	1707 W. REYNOLDS ST.	53 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL 33566	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Michael L. Miles — 4-28-95 — 813-752-4133
SIGNATURE AND TYPED OR PRINTED NAME OF MICHAEL OFFICER OR DIRECTOR — Date — Daytime Phone #

0441304 FP