FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 246957 (5)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:06

1. Corporation Name
MILLER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
331 CENTRAL AVENUE CRESCENT CITY FL 32112-9699	331 CENTRAL AVENUE CRESCENT CITY FL 32112-9699

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/27/1961
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-0931983 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, THOMAS A
195 CHESTNUT ST
CRESCENT CITY FL 32112

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1133 Spring Street #301
83
84 City: Welaka, FL 85 Zip Code: 32193

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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	MILLER, THOMAS A	1.2 NAME	Thomas A. Miller
STREET ADDRESS	195 CHESTNUT	1.3 STREET ADDRESS	1133 Spring Street #301
CITY-ST-ZIP	CRESCENT CITY, FL 00000	1.4 CITY-ST-ZIP	Welaka, FL 32193
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JOSEPH E	2.2 NAME	
STREET ADDRESS	107 BREEZY PT. LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MILLER, DANIEL L	3.2 NAME	John Baldwin
STREET ADDRESS	207 LAKESHORE DRIVE	3.3 STREET ADDRESS	7315 N. Hendricks
CITY-ST-ZIP	CRESCENT CITY, FL 00000	3.4 CITY-ST-ZIP	Hutchinson, KS 67502
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MARSH, C.ALAN	4.2 NAME	
STREET ADDRESS	6802 SPINNAKER CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	EVARTS, HARRY W	5.2 NAME	Fred M. Higgins
STREET ADDRESS	1321 SARDIS CHURCH RD.	5.3 STREET ADDRESS	958 Collett Avenue
CITY-ST-ZIP	MOULTRIE, GA 00000	5.4 CITY-ST-ZIP	Bowling Green, KY 42102
TITLE	CD	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, GEO C JR	6.2 NAME	
STREET ADDRESS	100 LAKESHORE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY, FL 00000	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 attached sheet with an address.

SIGNATURE: Thomas A. Miller, Pres. 1/26/95 904-690-3200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0011881 CP