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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 246957 (5)

1. Corporation Name
MILLER ENTERPRISES, INC.

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

Mailing Address
331 CENTRAL AVENUE
CRESCENT CITY FL 32112-2607



3. Date Incorporated or Qualified 04/27/1961
3a. Date of Last Report 02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-0931983

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

MILLER, THOMAS A
1133 SPRING STREET
#301, P.O. Box 535
CRESCENT CITY FL 32112

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and client (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, THOMAS
STREET ADDRESS 1133 SPRING STREET, 301
CITY - ST - ZIP WELAKA FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 32193 ☐ Change ☒ Addition

TITLE SD
NAME MILLER, JOSEPH E
STREET ADDRESS 107 BREEZY PT. LANE
CITY - ST - ZIP CRESCENT CITY, FL 00000 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 32112 ☒ Change ☒ Addition

TITLE D
NAME BALDWIN, JOHN
STREET ADDRESS 7315 N HENDRICKS
CITY - ST - ZIP HUTCHINSON KS ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 67502 ☐ Change ☒ Addition

TITLE D
NAME MARSH, C. ALAN
STREET ADDRESS 9800 CROSSPOINT BLVD
CITY - ST - ZIP INDIANAPOLIS IN ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP 46256 ☐ Change ☒ Addition

TITLE D
NAME HIGGINS, FRED
STREET ADDRESS 958 COLLETT AVENUE
CITY - ST - ZIP BOWLING GREEN KY ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP 42102 ☐ Change ☒ Addition

TITLE CD
NAME MILLER, GEO C JR
STREET ADDRESS 100 LAKESHORE DR.
CITY - ST - ZIP CRESCENT CITY, FL 00000 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP 32112 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 supplement to 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, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMAS A. MILLER, PRESIDENT

1/14/97 904/698-3200
Date Daytime Phone #

CR2E034 (9/96)