FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 246957

(5)

MILLER ENTERPRISES, INC.

FILED

Jan 20 1998 8:00am

Secretary of State

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Principal Plac	e of Business	Mailing Address	3				2.0	
331 CENTRAL		331 CENTRAL						
UNEOUENI U	XTY FL 32112-9699	CHESCENT CIT	Y FL 32112-9699	ī		DO NOT WRITE IN T	HIS SPACE	
	•					3. Date Incorporated or Qualified		
						04/27/1961		
2. Principal P	lace of Business	2a. Mailing Add	ess			4. FEI Number		Applied For
26						59-0931983	-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	etc.				\$8.7	75 Additional
22		27				5. Certificate of Status Desired	Fe	e Required
City & Stat	:e	City & State				6. Election Campaign Financing	\$5.	00 May Be
23		28				Trust Fund Contribution		ded to Fées
Zip Country		Zip Country		′	8. This corporation owes or has paid th	e current yea	r Intangible	
24	25	29	30			Personal Property Tax due June 30.	Yes Yes	□ No
	g, Name and Address of Curren	t Registered Agent			T ::	10. Name and Address of New Registe	red Agent	
	LLER, THOMAS A			81	Name			
	33 Spring Street			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
#3								
WE	ELAKA FL 32193			83				
				84	City		[85]	Zip Code
					,			•
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Flori	da Statutes, the	abov	e-named co	rporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changi	ng its registered
agent. La	egistered agent, or both, in the State im familiar with, an d a ccept the obliga	of Fiorida, Such char itions of, Section 607	ige was authori: 0505, Florida S	zed by tatute:	the corpora S.	ation's board of directors. I hereby accept the	appointmen	t as registered
SIGNATURE								
	Signature, typed or printed name of registered ager				ent a gnature requ	····	ME	
12.	OFFICERS AND		13 LETE 1.1			ADDITIONS/CHANGES TO OFFICERS		
TITLE	MILLER, THOMAS			TITLE			☐ Char	nge L Addition
NAME	1133 SPRING STREET, 301			NAME				
STREET ADDRESS	WELAKA FL		1.3	STREET	ADDRESS			
CITY-ST-ZIP				CITY - S	T - ZIP			
TITLE	80	DI	LETE 2.1	TITLE			Char	ige L. 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			4 CITY-5	ST-ZIP			
TITLÉ	D	∐ Di	LETE 3.1	TITLE			☐ Char	ge 🔲 Addition
NAME	BALDWIN, JOHN		3.2	NAME				
STREET ADDRESS	7315 N HENDRICKS		3.3	STREET	ADDRESS			
CITY-ST-ZIP	HUTHINSON KS		3.4	. CITY-S	ST- Z (P			
TITLE	D	DE	LETE 4.1	TITLE			Chan	ge 🔲 Addition
NAME	MARSH, C.ALAN		4.3	NAME				
STREET ADDRESS	9800 CROSSPOINT BLVD		4.3	STREET	ADDRESS	•		
CITY-ST-ZIP	<u>I</u> NDIANAPOLIS IN		4.4	CITY-S	T- ZIP			
TITLE	D	DE		TITLE			Chan	ge Addition
NAME	HIGGINS, FRED	• •	5.2	NAME				
STREET ADDRESS	958 COLLETT AVENUE				ADDRESS			
CITY-ST-ZIP	BOWLING GREEN KY			CITY-\$	j			
TITLE	CD	□ DE		TITLE	. 411		Chan	ge Addition
NAME	MILLER, GEO C JR			NAME				a
STREET ADDRESS	100 LAKESHORE DR.				ADDRESS			
	CRESCENT CITY, FL 00000							
CITY - ST - ZIP	~ (■ 64	CITY-S	1.7P			

14. I 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 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 truster enjacement to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or computation that my name appears in address.

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