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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

263369

(1)

T. W. MILLER AND ASSOCIATES, INCORPORATED

' ' ' '	MEELII AIND AGGOOIATEG	, INCOM CHAILD			
Principal Plac	e of Business	Mailing Address	Mailing Address		L FRONTA TIONS DIVER (1980 TIME ONLY ONLY OF A BIDIT OF
1299 PLUMOSA DRIVE P.O. BOX 204					
FT. MYERS FL 33901 FT. MYERS FL 33902 US					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
9 Dringing D	lace of Business	2a. Mailing Address			10/04/1962 4. FEI Number Applied For
2. Principal P	lace of business	26. Walling Address	<u> </u>		4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.					S8 75 Additional
22 27					5. Certificate of Status Desired Fee Required
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24			30		
	9, Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New Registered Agent
	LER JR,T W		Ľ	Name	
	99 PLUMOSA DRIVE		82 Street Add		Address (P.O. Box Number is Not Acceptable)
FT MYERS FL 33901			ā	3	
				4 00	an 75 Orde
			•	4 City	FL 85 Zip Code
office or r agent. I a SIGNATURE	Signature, typod or printed name of registered a				poration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 11114	:	Change Addition
NAME	MILLER JR,T W		1.2 NAM	E	
STREET ADDRESS	1299 PLUMOSA DRIVE		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	·	1.4 CITY		
TITLE	TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	BISHOP, DIANE W		2.2 NAM		
STREET ADDRESS CITY-ST-ZIP	1 145		2.3 STRE 2.4 CITY	ET ADDRESS	
TITLE	SD SD	DELETE	3.1 TITLE		Change Addition
NAME	MILLER, MAVIS S		3.2 NAM		
STREET ADDRESS	1299 PLUMOSA DRIVE		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	FT MYERS FL		3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME OTROCT ADODESIS			4. 2 NAM		
STREET ADDRESS				ET ADDRESS	
CFTY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZWP			5.4 CITY	-ST-ZIP	
TITLE	DELETE 6.1		6.1 TITLE		☐ Change ☐ Addition
NAME		()	6.2 NAM		
STREET ADDRESS		\		ET ADDRESS	
City-St-ZiP	certify that the information supplied	with this films do s not qualify	6.4 CITY	ntion stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated officer or Block 12	on this annual report or supplement director of the corporation or the re or Block 13 if changed, or on an at	hal annual report is true and a deliver or trouble empowered to the mont with an address	curate and to execute thi	that my signs report a	gnature shall have the same legal effect as if made under oath; that I am an s required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Tw. Miller In President

:R2E034 (10/97)

FILED

Apr 14 1998 8:00am

Secretary of State