

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 311613 (4)  
1. Corporation Name  
KEITH MILLER INVESTMENTS, INC.

Principal Place of Business

1700 MEDICAL LN  
STE 107  
FT MYERS FL 33907  
US

Mailing Address

1700 MEDICAL LN  
STE 107  
FT MYERS FL 33907  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1966

4. FEI Number

59-1278827

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 15300 River - By Road

Suite, Apt. #, etc.

22

City & State

23 Fort Myers, FL

Zip

24 33908

Country

25 USA

2a. Mailing Address

26 15300 River By Road

Suite, Apt. #, etc.

27

City & State

28 Fort Myers, FL

Zip

29 33908

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, KEITH A  
1700 MEDICAL LANE STE 107  
SUITE B  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Keith A. Miller

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

15300 River - By Road

83

84 City

Fort Myers

FL

85 Zip Code

33908

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 X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MILLER, KEITH A  
STREET ADDRESS 1700 MEDICAL LANE STE 107  
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME miller, Keith A.  
1.3 STREET ADDRESS 15300 River - By Road  
1.4 CITY-ST-ZIP Fort Myers, FL 33908

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

*Keith A. Miller*  
Signature and typed or printed name of signing officer or director

4/7/98 941-454-1020

Date

Daytime Phone

2424311

CR2E034 (10/97)