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

Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 361701 (6) DONALD L.B. MILLER, INC. Principal Place of Business Mailing Address 1605 ROWE AVE 1605 ROWE AVE PO BOX 9538 PO BOX 9538 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32208-7538 JACKSONVILLE FL 32208-7538 3. Date Incorporated or Qualified 03/25/1970 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1289643 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLER, DONALD L.B. 1605 ROWE AVENUE Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32208 83 City 84 85 Zip Code 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 troth, 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 ponted name of registered agent and the if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MILLER DONALD L B NAME 1.2 NAME 3R2E034 1605 ROWE AVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Addition Change 21 TITLE TITLE MILLER, ELIZABETH C 2.2 NAME NAME 1605 ROWE AVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MILLER, ELIZABETH 3.2 NAME NAME 1605 ROWE AVE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE THOMPSON, MARY KATE NAME 4. 2 NAME 1605 ROWE AVE. STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 6.1 TITLE

FILED

14. Thereby 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 suppliemental 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 ou an attachment with an address.

904/768-0579

SIGNATURE:

February 5, 1998

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

63 STREET ADDRESS

6.4 CITY-ST-ZIP

6.2 NAME

904/768-0579 February 5, 1998