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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90130 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 543821

1. Corporation Name

MILLER SELLEN CONNER & WALSH, INC.

Principal Place of Business
214 EAST LUCERNE CIRCLE
ORLANDO FL 32801

Mailing Address
214 EAST LUCERNE CIRCLE
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1977

4. FEI Number

59-1762052

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 the current year Intangible
Personal Property Tax.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

MILLER, STEPHEN R.
2038 FOREST CLUB DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 7, 1999

DATE

12.

OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SELLEN, JAMES A.	
STREET ADDRESS	450 JO AL CA AVENUE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PTDC	<input type="checkbox"/> DELETE
NAME	MILLER, STEPHEN R.	
STREET ADDRESS	2038 FOREST CLUB DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WALSH, KEVIN T.	
STREET ADDRESS	9442 WICKHAM WAY	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	CONNER, CAROL D	
STREET ADDRESS	5110 JENNIFER PLACE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRAZEE, NEIL C.	
STREET ADDRESS	3801 DONNA LYNN LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WARREN ERIC E.	
STREET ADDRESS	5363 CHISWICK CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32812	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cook, H. William.	
1.3 STREET ADDRESS	3850 Hunters Isle Drive	
1.4 CITY-ST-ZIP	Orlando, Florida 32837	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McNeill, A Geoffrey	
2.3 STREET ADDRESS	1760 Chinook Trail	
2.4 CITY-ST-ZIP	Maitland, Florida 32751	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennett, R. Lance	
3.3 STREET ADDRESS	504 Cornwall Road	
3.4 CITY-ST-ZIP	Winter Park, Florida 32792	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 1999 407422-333

Date

Daytime Phone #

CR2E034 (11/98)