

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 615087

(4)

1. Corporation Name

STEPHEN L. MILLER REALTY CORP.

Principal Place of Business

2203 U S 27 NORTH
LAKE PLACID FL 33852

Mailing Address

2203 U S 27 NORTH
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1979

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1945500

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, STEPHEN L
1135 PEACHTREE DR.
LAKE PLACID FL 33852

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 of Agent (a certified copy of this report is required when filing)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, STEPHEN L
STREET ADDRESS	1135 PEACHTREE DR.
CITY-ST-ZIP	LAKE PLACID FL
TITLE	S
NAME	MILLER, JUDY RAE
STREET ADDRESS	1135 PEACHTREE DR.
CITY-ST-ZIP	LAKE PLACID FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres. Sec. Treas.	☒ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		☒ Change	☐ Addition
22 NAME	delete		
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 by me or by any 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 of this report. (If the report is filed by a corporation, it must be signed by an officer or director of the corporation.)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR
Stephen L. Miller, President.

2/16/95 813 465-1234