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PROFIT		FLORIDA DEPARTMENT OF STATE
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CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

MILLER HOLDINGS, INC.

Mailing Address

10 BLUE RIDGE TRAIL, RR#3

Principal Place of Business

10 BLUE RIDGE TRAIL, RR#3

FILED Jan 30 1998 8:00am Secretary of State



NEW MARKET, ONTARIO, CANADA L3Y 4-1 NEW MARKET, ONTARIO, CANADA L3Y 4-1 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2023546 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zlp Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VINSON, LYNDA G. 110 S.LEVIS AVE. Street Address (P.O. Box Number is Not Acceptable) TARPON SPGS. FL 34689 83 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE Change 1.1 TITLE MILLER, MARJORIE J NAME 1.2 NAME 10 BLUE RIDGE TRAIL, RR#3 STREET ADDRESS 1.3 STREET ADDRESS NEW MARKET, ONT, CANA CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition TITLE DE! FTF ... Change 2.1 TITLE MILLER, VINCENT NAME 2.2 NAME 10 BLUE RIDGE TRAIL, RR#3 STREET ADDRESS 2.3 STREET ADDRESS NEW MARKET, ONT, CANA CITY - ST - ZIP 2. 4 CITY - ST - ZIP ☐ DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **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 evolver 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 exidress.

SIGNATURE: