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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

**FILED** 

Feb 11, 1999 8:00am

**Secretary of State** 

02-11-1999 90029 004 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 674985

CLIFF MILLER INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address			iling Address				1	ı i <b>sb</b> il <b>a b</b> illi iğeti olğın işlal la		CIALL DIEN O	1911 610	I ORI INDI
700 W 25TH ST	Τ	700	W 25TH ST									
608   608   SANFORD FL 32771   SANFORD FL 32771		ORD FL 32771			DO NOT WRITE IN THIS SPACE							
SANFUNU FL 3	02111	SAIN	FOND PL 32771				3.	Date Incorporated or Qualifed				
								06/25/1980				
2. Principal P	lace of Business	2a.	Mailing Address				4.	FEI Number			Appli	ied For
21		26						59-2007272				Applicable
Suite, Apt.	#, etc.	—	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			<b>5</b> Ad ∍ Requ	Iditional
22		27	City & State				-					
City & Stat	ie	28	City & State					Election Campaign Financing Trust Fund Contribution			UU M led to	lay Be
Zip	Country		Zip	Cour	ntry		<del>-i</del>	This corporation owes the curr	rent vear Ir			. 000
24	25	29	•	30	•			Personal Property Tax.	one your n	Yes	Ç	¥No
	9. Name and Address of Cur		ered Agent				10.	Name and Address of New I	Registered	Agent		
					81	Name						
	er, H. Clifford	4		-	82	Street Addre	ess (P.	O. Box Number is Not Accepta	able)			
1	W. 25TH ST						`					·
SAN	FORD FL 32771				83						2 1 2 P	
					84	City			<u>, , , v, , , , , , , , , , , , , , , , </u>		Zip Co	ode'
2007					L	<del> </del>			<u> </u>	<u>-                                    </u>		
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 60 ate of Florida	7.1508, Florida Statu a. Such change was a	ites, the ab authorized	ove- by th	-named corpo he corporation	oration n's boa	submits this statement for the ard of directors. I hereby accep	purpose optithe appo	r cnanginç intment a	g its re s regis	egisterea stered
i G⊲%agent. I a	im familiar with, and accept the obl	ligations of,	Section 607.0505, Flo	orida Statu	tes.	=						
-												
SIGNATURE	Clanature based or neighbor assess of registered	agent and title if				signature required	when rei	instating)	DATE			
	Signature, typed or printed name of registered OFFICERS		applicable. (NOT			signature required		instating)	DATE FICERS A	ND DIRE	CTOR	S IN 12
SIGNATURE 12. TITLE	OFFICERS	agent and title if	applicable. (NOT	E: Registered /	\gent :	signature required		DDITIONS/CHANGES TO OF		ND DIREC		S IN 12
12.	OFFICERS DP		applicable. (NOT	E: Registered A	Agent :	signature required						
<b>12.</b> TITLE	OFFICERS  DP  MILLER, H CLIFFORD		applicable. (NOT	E: Registered A  13.  1.1 TITL  1.2 NAA	Agent : LE	signature required		DDITIONS/CHANGES TO OF				
12. TITLE NAME	OFFICERS DP MILLER, H CLIFFORD 700 W 25TH ST.		applicable. (NOT	E: Registered A  13.  1.1 TITL  1.2 NAA	Agent : LE ME	ADDRESS		DDITIONS/CHANGES TO OF				
12. TITLE NAME STREET ADDRESS	OFFICERS  DP  MILLER, H CLIFFORD		applicable. (NOT	E: Registered # 13. 1.1 TITL 1.2 NAA 1.3 STF	Agent: LE ME REET A	ADDRESS		DDITIONS/CHANGES TO OF			nge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS DP MILLER, H CLIFFORD 700 W 25TH ST. SANFORD, FL 00000		appicable. (NOT CTORS	13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT	Agent: LE ME REET A Y-ST-	ADDRESS		DDITIONS/CHANGES TO OF		Char	nge	Addition
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP