

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **687240** (2)

1. Corporation Name
C. L. MILLER COMPANY, INC.



Principal Place of Business: **5601 MARINER DRIVE TAMPA FL 33609**
Mailing Address: **5601 MARINER DRIVE TAMPA FL 33609**

3. Date Incorporated or Qualified: **09/15/1980**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2030441**
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. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **4805 W. Laurel Street Suite 300 Tampa, Florida 33607 USA**
2a. Mailing Address: **4805 W. Laurel Street Suite 300 Tampa, Florida 33607 USA**

9. Name and Address of Current Registered Agent: **MILLER, CHARLES L 5601 MARINER DR STE 400 TAMPA FL 33609**

10. Name and Address of New Registered Agent: **81 Name: Charles L. Miller 82 Street Address (P.O. Box Number is Not Acceptable): 4805 W. Laurel Street Suite 300 83 City: Tampa FL 85 Zip Code: 33607**

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

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MILLER, CHARLES L	
STREET ADDRESS	4315 BEACH WAY DRIVE	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	MILLER, ROBERTA	
STREET ADDRESS	4315 BEACH WAY DRIVE	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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 address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 1996 813-286-8755
Date: Day: Month: Year: State: Phone #

CR2E034 (12/95)