

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

ANNUAL REPORT
1995



Department of Banking
and Finance
Tallahassee, Florida 32399-0001
(904) 488-2400

APPROVED
AND
FILED

95 MAR -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 811927

(3)

1. Corporation Name

MILLER & HOLMES, INC.

Principal Place of Business

501 LAFAYETTE RD
ST PAUL 1 MINNESOTA 55101

Mailing Address

501 LAFAYETTE RD
ST PAUL 1 MINNESOTA 55101

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1957

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

41-0633673

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. 199.03(1),
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0592 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 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

(Print or type printed name of person signing and title of officer)

(Print, Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

PD
HOLMES, ANTHONY W
ROUTE 1, BOX 12
PRESCOTT WI

12.2 NAME

VD
KETTLER, BERTON M.
1360 MEDORA RD
MENDOTA HTS MN

12.3 NAME

DC
PETERSON, GERALD T
1225 W BURKE AVE
ROSEVILLE, MN 00000

12.4 NAME

ST
MAHLE, LILLIAN M.
3815 WOODLANE DRIVE
WOODBURY MN

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

12.10 NAME

12.11 NAME

12.12 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

☒ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included in 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. 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 of this filing. I am not an attachment with an address.

SIGNATURE:

Lillian M Mahle

LILLIAN M MAHLE SECRETARY

2-24-95

612224 5874

(Signature and typed or printed name of signing officer or director)

(Date)

(Filing Number)