

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003741 (6)**

1. Corporation Name
MILLER & HARTMAN SOUTH, INC.



Principal Place of Business 180 GREENFIELD ROAD LANCASTER PA 17603	Mailing Address 180 GREENFIELD ROAD LANCASTER PA 17601-5832
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3. Date Incorporated or Qualified 08/17/1993	3a. Date of Last Report 01/30/1996
4. FEI Number 62-1317712	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name Same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
(Signature required for printed name of registered agent, and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN H JR.	1.2 NAME	John H Brown Jr
STREET ADDRESS	180 GREENFIELD ROAD	1.3 STREET ADDRESS	Same
CITY - ST - ZIP	LANCASTER PA 17603	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN H III	2.2 NAME	John H Brown III
STREET ADDRESS	180 GREENFIELD ROAD	2.3 STREET ADDRESS	Same
CITY - ST - ZIP	LANCASTER PA 17603	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WAYNE	3.2 NAME	
STREET ADDRESS	HIGHWAY 920, EAST INDUSTRIAL PARK	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEITCHFIELD KY 42754	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARGARET	4.2 NAME	
STREET ADDRESS	180 GREENFIELD ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LANCASTER PA 17603	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERSON, MARGARET B	5.2 NAME	
STREET ADDRESS	180 GREENFIELD ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LANCASTER PA 17603	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: Wayne Jones **1-13-97** **502-259-9341**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)