

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

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Feb 08, 1999 8:00am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # F93000003741

1. Corporation Name
MILLER & HARTMAN SOUTH, INC.

Principal Place of Business
180 GREENFIELD ROAD
LANCASTER PA 17603

Mailing Address
180 GREENFIELD ROAD
LANCASTER PA 17603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/17/1993

4. FEI Number
62-1317712

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	BROWN, JOHN H JR.	1.2 NAME	
STREET ADDRESS	180 GREENFIELD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA 17603	1.4 CITY-ST-ZIP	
TITLE	PC	2.1 TITLE	
NAME	BROWN, JOHN H III	2.2 NAME	
STREET ADDRESS	180 GREENFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA 17603	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: Wayne Jones SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-11-99 Daytime Phone #: 502-259-9341

CR2E034 (1/1/98)