


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90199 005 ***150.00

0045438

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G03845					
1. Corporation Name MILMIR CONSTRUCTION, INC.					
Principal Place of Business 1617 ROWE AVE. P.O. BOX 9400-A JACKSONVILLE FL 32208			Mailing Address 1617 ROWE AVE. P.O. BOX 9400-A JACKSONVILLE FL 32208		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2228575	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MILLER, DONALD L.B. 1605 ROWE AVENUE JACKSONVILLE FL 32208			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 607.0502 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	THOMPSON, MARY K.				
STREET ADDRESS	1617 ROWE AVE.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MILLER, ELIZABETH C				
STREET ADDRESS	1617 ROWE AVE.				
CITY-ST-ZIP	JACKSONVILLE, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MILLER, DONALD L B				
STREET ADDRESS	1605 ROWE AVE				
CITY-ST-ZIP	JACKSONVILLE, FL 00000				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	KLOSE, DONALD L.				
STREET ADDRESS	1617 ROWE AVE.				
CITY-ST-ZIP	JACKSONVILLE FL				
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					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth C. Miller, President

3/9/99

Date

904/768-2300

Daytime Phone #

CR2E034 (11/98)