

**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 # **G43752 (6)**

1. Corporation Name  
**MILLER POINT PROPERTIES, INC.**



Principal Place of Business: **3687 MACKEY COVE DR. PENSACOLA FL 32514**  
Mailing Address: **3687 MACKEY COVE DR. PENSACOLA FL 32514**

3. Date incorporated or Qualified: **06/10/1983**  
3a. Date of Last Report: **03/17/1995**  
4. FEI Number: **59-2376274**  
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 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAVIS, BEN L  
3687 MACKEY COVE DR.  
PENSACOLA FL 32514**

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 officer 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: **BEN L. DAVIS, JR.** (NOTE: Registered Agent signature required when registering) **2-20-96** DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MICARI, MYRTLE L.</b>
STREET ADDRESS	<b>P. O. BOX 394 N/A</b>
CITY- ST- ZIP	<b>CONTONMENT FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, BEN L. JR.</b>
STREET ADDRESS	<b>3687 MACKEY COVE DR.</b>
CITY- ST- ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PADGETT, PAYTON W.</b>
STREET ADDRESS	<b>4083 ALCONBURY CIRCLE</b>
CITY- ST- ZIP	<b>PENSACOLA FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>RAWSON, ROBERT M.</b>
STREET ADDRESS	<b>1849 SANDRA DRIVE</b>
CITY- ST- ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NELSON, JAMES B.</b>
STREET ADDRESS	<b>1082 LONGSGATE LANE</b>
CITY- ST- ZIP	<b>GULF BREEZE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, H.C. JR.</b>
STREET ADDRESS	<b>2852 PINE FOREST ROAD</b>
CITY- ST- ZIP	<b>PENSACOLA FL</b>

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 or it 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 empaneled 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: **BEN L. DAVIS, JR.** (NOTE: Registered Agent signature required when registering) **2-20-96** DATE **904-476-6815** Daytime Phone #

CR2E034 (12/95)