

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

FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G43752
 1. Corporation Name:

(6)

MILLER POINT PROPERTIES, INC.

Principal Place of Business:

**3687 MACKEY COVE DR.
 PENSACOLA FL 32514**

Mailing Address:

**3687 MACKEY COVE DR.
 PENSACOLA FL 32514-8155**



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

06/10/1983

3a. Date of Last Report

02/26/1996

4. FIC 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. 193.032,
 Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Officer or Director (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D MICARI, MYRTLE L.**
 STREET ADDRESS **P. O. BOX 394 N/A**
 CITY-STATE-ZIP **CONTONMENT FL**

TITLE DELETE

NAME **D DAVIS, BEN L. JR.**
 STREET ADDRESS **3687 MACKEY COVE DR.**
 CITY-STATE-ZIP **PENSACOLA FL**

TITLE DELETE

NAME **D PADGETT, PAYTON W.**
 STREET ADDRESS **4083 ALCONBURY CIRCLE**
 CITY-STATE-ZIP **PENSACOLA FL**

TITLE DELETE

NAME **PD RAWSON, ROBERT M.**
 STREET ADDRESS **1849 SANDRA DRIVE**
 CITY-STATE-ZIP **PENSACOLA FL**

TITLE DELETE

NAME **D NELSON, JAMES B.**
 STREET ADDRESS **1082 LONGSGATE LANE**
 CITY-STATE-ZIP **GULF BREEZE FL**

TITLE DELETE

NAME **D JOHNSON, H.C. JR.**
 STREET ADDRESS **2852 PINE FOREST ROAD**
 CITY-STATE-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

14 NAME

15 STREET ADDRESS

16 CITY-STATE-ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY-STATE-ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY-STATE-ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY-STATE-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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached form with an amendment.

SIGNATURE: **BEN L DAVIS JR**

CR2E004 (9/96)