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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90064 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G43752**
 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1983**

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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
DAVIS, BEN L
3687 MACKEY COVE DR.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2-11-99**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: *[Signature]* DATE: **2-11-99** Daytime Phone #: **850-476-6815**

CR2E034 (11/98)