PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #



G57674

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90118 008 ***150.00

1. Corporation Name J. P. MILLER & SONS SERVICES, INC. Principal Place of Business Mailing Address 229 GOOLSBY BLVD 229 GOOLSBY BLVD DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/31/1983 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2323784 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intaggible 24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent-MILLER, JOSEPH P. 82 Street Address (P.O. Box Number is Not Acceptable) 248 SE 18TH AVE DEERFIELD BEACH FL 33442 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE MILLER, JOSEPH P NAME 1.2 NAME 248 SE 18TH AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL00000 1.4 CITY-ST-ZIP TITLE □ DÉLETE 2.1 TITLE Change Addition MILLER, CAROLYN FUNG 2.2 NAME 248 SE 18TH AVE STREET ADDRESS 2.3 STREET ADDRESS DEERFIELD BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 517M F ☐ Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE TITLE 61 TITLE ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, pr on an attachment with amaddress with all other like empowered.

SIGNATURE:

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