FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H33320** **(3)**

1. Corporation Name
MILEY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
200 S. HARBOR CITY BLVD. STE. 501 MELBOURNE FL 32901 US	200 S. HARBOR CTY. BLVD. STE. 501 MELBOURNE FL 32901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1984**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business	2a. Mailing Address
21 1600 W EAU GALLIE BLVD	26 1600 W EAU GALLIE BLVD
Suite, Apt. #, etc. 22 SUITE 202	Suite, Apt. #, etc. 27 202
City & State 23 MELBOURNE FL	City & State 28 MELBOURNE FL
Zip / County 24 32935 / 25	Zip / County 29 32935 / 30

4. FEI Number: **59-2518554** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDRON, THOMAS D
200 S. HARBOR CITY BLVD.
STE, 591
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: CRAIG R RATHBUN
82 Street Address (P.O. Box Number is Not Acceptable): 1600 WEST EAU GALLIE BLVD
83 SUITE 202
84 City: MELBOURNE FL 85 Zip Code: 32935

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] 4-5-95
(Typed name and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	TOLLEY, BILL	12 NAME		
STREET ADDRESS	4250 PINEWOOD RD.	13 STREET ADDRESS		
CITY ST ZIP	MELBOURNE FL 32934	14 CITY ST ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	CARRAWAY, JAMES D	22 NAME		
STREET ADDRESS	1250 S. HARBOR CITY BLVD.	23 STREET ADDRESS		
CITY ST ZIP	~~MELBOURNE FL~~ INDIALANTIC FL 32903	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	ORR, DEAN	32 NAME		
STREET ADDRESS	505 WEKIVA SPRINGS, #600	33 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL 32779	34 CITY ST ZIP		
TITLE		41 TITLE	T	☐ Change ☑ Addition
NAME		42 NAME	ORR, DEAN	
STREET ADDRESS		43 STREET ADDRESS	505 WEKIVA SPRINGS ROAD	
CITY ST ZIP		44 CITY ST ZIP	LONGWOOD, FL 32779	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 X in Block

SIGNATURE: [signature] CEO 4-5-95 401-752-1199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0006820 CP