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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H60039

(5)

1. Corporation Name

MILLER TRAVEL SERVICE, INC.



Principal Place of Business

Mailing Address

4214 CORTEZ RD W
BRADENTON FL 34210
US

4214 CORTEZ RD W
BRADENTON FL 34210-3121
US

3. Date Incorporated or Qualified
06/04/1985

3a. Date of Last Report
04/12/1996

4. FEI Number
59-2538938

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

2a. Mailing Address

21 4016 Cortez Rd. W.
Suite Apt. #, etc.
22 1105

26 4016 Cortez Rd. W.
Suite, Apt. #, etc.
27 1105

23 City & State
BRADENTON FL

28 City & State
BRADENTON FL

24 Zip
34210

25 Country
USA

29 Zip
34210

30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FETTERMAN, JAMES C.
515 S. WASHINGTON BLVD
SARASOTA FL 34236

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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT
NAME MILLER, ROBERT F.
STREET ADDRESS 4214 CORTEZ RD W
CITY-ST-ZIP BRADENTON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SGD
NAME FETTERMAN, JAMES
STREET ADDRESS 515 S. WASHINGTON BLVD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP
NAME MILLER, DIANE
STREET ADDRESS 4214 CORTEZ RD W
CITY-ST-ZIP BRADENTON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(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 if an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)