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

PROFIT **CORPORATION ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J02070**

(7)

FRANK MICHAEL MILLER BUILDER, INC.

FILED Apr 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							1 1001117 0111 00117 11011 00117 70017 0	BYL MIRKI ALAN AND	H BHBH MIB	(119 1); (1 94)
2995 MILLER AVENUE 2995 MILLER AVENUE ORANGE CITY FL 32763 ORANGE CITY FL 32763							DO NOT WRITE	E IN THIS SPA	/CE	
1							3. Date Incorporated or Qualified 03/03/1986			
2. Principal P	ace of Business	2a. Mailin	a Address				4. FEI Number		TAr	plied For
21		⊢	26				59-2654429			t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.						 	Additional
22		27					Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State	9	<u> </u>	City & State				6. Election Campaign Financing		\$5.00	
23		28	Zip Country				Trust Fund Contribution			
Zip						8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No				
24	9. Name and Address of Curre	29 ent Registered A	Agent	30			10. Name and Address of New Re			7 140
1.00	LER, FRANK MICHAEL			81	Nam					
2995 MILLER AVENUE				82	Ctro	N Addro	ss (P.O. Box Number is Not Accepta	blal		
	ANGE CITY FL 32763				Street Addre		ss (P.O. Box Number is Not Accepta	ыө)		
				83						
				84	City				35 Zip (Code
				l l	1 ′			FLI		1
SIGNATURE	Signature, typed or printed name of registered a	igeral and title if applica		E Registered A			oration submits this statement for the on's board of directors. I hereby acce d when reinstating)	DATE		
12.		NO DIRECTORS	DECETE	13.			ADDITIONS/CHANGES TO OFFI		Change	RS IN 12 Addition
TITLE	PD Miller, Frank Michael		L_ DELETE	1.1 TITLE		l			Change	L.) Addition
NAME STREET ADDRESS	2995 MILLER AVENUE			1.2 NAME	T ADDRES					
CITY-ST-ZIP	ORANGE CITY FL			1.4 CITY-		'				
TIFLE	ST		DELETE	2.1 TITLE		1			Change	Addition
NAME	MILLER, SUSAN J.			2.2 NAME		ŀ.				
STREET ADDRESS	2995 MILLER AVENUE			2.3 STREE	T ADDRES	s				
CITY-ST-ZIP	ORANGE CITY FL			2. 4 CITY	-ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				i i	T ADDRES	s				
CITY-ST-ZIP			DISCUSSION	3.4. CITY					Change	- I Addition
TITLE			☐ DELETE	4.1 TITLE					J Change	Addition
NAME DYDGGY ADDROGGS				4. 2 NAM		.				
STREET ADDRESS					T ADDRES	'				
CITY-ST-ZIP TITLE		 	DELETE	4.4 CITY- 5.1 TITLE		-			Change	Addition
NAME				5.2 NAME						
STREET ADDRESS					T ADDRES	s				
CITY-ST-ZIP				5.4 CITY-						
TITLE			DELETE	6.1 TITLE		+			Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADORES	s				
CITY+ST-ZIP	<u> </u>			6.4 CITY	ST-ZIP					

Thereby 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 chapter 607, or pn an attachment with an address?