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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08580

(9)

MILLER/MANUEL, INC.

FILED
May 06 1998 8:00am
Secretary of State



|   |   |   |                        |                                  |   | III BIBI! BIBII BIBI BIBI |
|---|---|---|------------------------|----------------------------------|---|---------------------------|
| Principal Place of Business Mailing Address 5007 B NW 34TH STREET 5007-B NW 34TH STREET |   |   |                        |                                  | r seerine eint Corat inein Greet iffilt meit Erfeit Athie Erfeit fielt fielt Affit (Aft.                    |                           |
|   |   |   |                        |                                  |   |                           |
| GAINESVILLE FL 32005  |   | GAINESVILLE FL 32805                          |                        | DO NOT WRITE IN THIS SOLOE       |   |                           |
| US  |   | US  |                        |                                  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified   |                           |
|   |   |   |                        |                                  | 04/09/1986  |                           |
| 2. Principal P  | lace of Business                                  | 2a. Mailing Address                           |                        |                                  | 4. FEI Number   | Applied For               |
| 21  |   | 26  |                        | 59-2662505                       | Not Applicable  |                           |
| Suite, Apt. #, etc  |   | Suite, Apt. #, etc.                           |                        |                                  | \$8.75 Additional   |                           |
| 22  |   | 27  |                        | 6. Certificate of Status Desired | 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   | Count                  | ry                               | 8. This corporation owes or has paid the cu   | rrent year Intangible     |
| 24  | 25  |   | 30                     |                                  | Personal Property Tax due June 30.  | Yes No                    |
|   | 9. Name and Address of Currer                     | nt Registered Agent                           |                        |                                  | 10. Name and Address of New Registered  | Agent                     |
| MILLER, GARY L.   |   |   |                        | 1 Name                           |   |                           |
| 5007-B NW 34TH ST<br>Gainesville FL 32605   |   |   | 8:                     | 2 Street Add                     | Iress (P.O. Box Number is Not Acceptable)   |                           |
|   |   |   |                        |                                  | ,   |                           |
|   |   |   | 8:                     | 3                                |   |                           |
|   |   |   | 84                     | 4 City                           |   | 85 Zip Code               |
|   |   |   |                        |                                  | FI  | <b>-</b>                  |
| agent. I a  | m familiar with, and accept the oblig             | alions of, Section 607.0505, Floi             | rida Statute           | 9\$.                             | poration submits this statement for the purpose of the portion's board of directors. I hereby accept the ap | pointment as registered   |
| 12.   | Signature typed or printed name of registered age | ont and tille it applicable (NOTE D DIRECTORS |                        | gent signature requ              | ired when reinstating) DATE   | D DIDECTORS IN 18         |
| TITLE   | DS OFFICERS AN                                    | DELETE  | 13.                    | <del></del>                      | ADDITIONS/CHANGES TO OFFICERS AN  | ☐ Change ☐ Addition       |
| NAME  | MILLER, GARY L.                                   | Land Deterio                                  | 1.2 NAME               |                                  |   | L. Change L. Radillon     |
| STREET ADDRESS  | 1426 NW 35TH TERRACE                              |   |                        | ET ADDRESS                       |   |                           |
| CITY-ST-ZIP   | GAINESVILLE FL                                    |   |                        |                                  |   |                           |
| TITLE   | D   | DELETE  | 1.4 CITY-<br>2.1 TITLE |                                  | <del></del>   | Change Addition           |
| NAME  | MANUEL, TONY                                      | First Section                                 | 2.1 MALE<br>2.2 NAME   |                                  |   | C Supplier C Supplier     |
| STREET ADDRESS  | 5235 NW 64TH BLVD                                 |   |                        | ET ADDRESS                       |   |                           |
| CITY-ST-ZIP   | GAINESVILLE FL                                    |   | 2.4 CITY               |                                  |   | i                         |
| THLE  |   |   | 3.1 TITLE              |                                  |   | Change Addition           |
| NAME  |   |   | 3.2 NAME               | i                                |   |                           |
| STREET ADDRESS  |   |   | 1                      | T ADDRESS                        |   |                           |
| CITY-ST-ZIP   |   |   | 3.4. CITY              | - 1                              |   |                           |
| TITLE   |   | DELETE  | 4.1 TITLE              |                                  |   | Change Addition           |
| NAME  |   |   | 4. 2 NAMI              |                                  |   | -                         |
| STREET ADDRESS  |   |   |                        | T ADDRESS                        |   |                           |
| CITY-ST-ZIP   |   |   | 4.4 CITY-              | l l                              |   |                           |
| TITLE   |   | DELETE  | 5.1 TITLE              |                                  |   | ☐ Change ☐ Addition       |
| NAME  |   | •   | 5 2 NAME               |                                  |   |                           |
| STREET ADDRESS  |   |   |                        | T ADDRESS                        |   |                           |
| CITY-ST-ZIP   |   |   | 5.4 CITY-              |                                  |   |                           |
| TITLE   |   | ☐ DELETE                                      | 6.1 TITLE              | 2; En                            |   | Change Addition           |
| NAME  |   | <b>1</b>                                      | 6.2 NAME               |                                  |   |                           |
| STREET ADDRESS  |   |   |                        | T ADDRESS                        |   |                           |
| 1   | _   |   |                        | <b>I</b>                         |   |                           |
| CITY-ST-ZIP   |   |   | 6.4 CITY-              | \$1-ZIP                          |   | 1                         |

14. 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 furthermental annual poor 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 if the receiver or rulleg impowered 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 many an attachment with rules are secured.

SIGNATURE:

412919

352-373-5501