

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

**1996 AUG 23 PM 3:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # J33310 (0)**

1. Corporation Name  
**TROMBLEY & MILLER, INC.**



Principal Place of Business Mailing Address  
**12942 MORRIS BRIDGE ROAD LOT 8 THONOTOSASSA FL 33592**

3. Date Incorporated or Qualified **09/16/1986** 3a. Date of Last Report **05/18/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **12942 MORRIS BRIDGE RD, LOT 9** 26 **12942 MORRIS BRIDGE RD**

4. FEI Number **59-2710795** Applied For Not Applicable

22 Suite, Apt. #, etc 27 **LOT 9**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 **THONOTOSASSA FL** 28 **THONOTOSASSA FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 **33592** 25 **HILLSBOROUGH** 29 **33592** 30 **HILLSBOROUGH**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MILLER, RUSH W.  
12942 MORRIS BRIDGE RD. #8  
THONOTOSASSA FL 33592**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **12942 MORRIS BRIDGE RD. #9**  
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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, RUSH W.</b>	1.2 NAME	
STREET ADDRESS	<b>12942 MORRIS BRIDGE RD</b>	1.3 STREET ADDRESS	<b>12942 MORRIS BRIDGE RD. LOT 9</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROMBLEY, REGINALD A.</b>	2.2 NAME	
STREET ADDRESS	<b>12882 MORRIS BRIDGE RD</b>	2.3 STREET ADDRESS	<b>12912 CHRIS PLACE</b>
CITY-ST-ZIP	<b>THONOTOSASSA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>100001932571</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>-08/27/96--01065--006</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>****383.75 ****383.75</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	<b>SCC 8-23-94</b>
CITY-ST-ZIP		6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Rush W. Miller** **8-20-96** **(813) 986-4663**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (3/96)