

**FILE NOW: FILING FEE AFTER MAY 17S \$550.00**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J 46744**  
 1. Corporation Name  
**J.N Miller Concrete Pumping Inc**

Principal Place of Business <b>1101 Stoeber Ave</b> <b>Sarasota FL 34232</b>	Mailing Address <b>SAME</b>
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2. Principal Place of Business 21 <b>1101 Stoeber Ave</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc.	22 City & State 23 <b>Sarasota FL</b>	28 City & State 28 <b>SAME</b>	24 Zip 25 <b>34232</b>	29 Zip 29 <b>SAME</b>	30 Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>12/9/86</b>	3a. Date of Last Report <b>1996</b>
4. FEI Number <b>59-2741099</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**John Miller**  
**1101 Stoeber Ave**  
**Sarasota FL 34232**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> DELETE
NAME <b>John Miller</b>	
STREET ADDRESS <b>1101 Stoeber Ave</b>	
CITY-STATE-ZIP <b>Sarasota FL 34232</b>	
TITLE <b>Sec/Treas</b>	<input type="checkbox"/> DELETE
NAME <b>Martha Miller</b>	
STREET ADDRESS <b>1101 Stoeber Ave</b>	
CITY-STATE-ZIP <b>Sarasota FL 34232</b>	
TITLE <b>Vice President</b>	<input type="checkbox"/> DELETE
NAME <b>James Miller</b>	
STREET ADDRESS <b>8158 Indian Mound St</b>	
CITY-STATE-ZIP <b>Sarasota FL 34232</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**500002183125**  
**-05/19/97--01107--031**  
**\*\*\*165.00**

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 on an attachment with an address.

SIGNATURE: **Martha Miller** **Martha Miller** **5/16/97** **941-378-1447**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)