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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

DOCUMENT # J63683

(3)

EVERETT MILEY, INC.

| FILED | | | | | | |
|--------------------|---|--|--|--|--|--|
| Mar 26 1997 8:00am | 1 | | | | | |
| Secretary of State | | | | | | |

| Principal Place of Business | Mailing Address | | { | |
|---|--|--|---|--|
| % EVERETT MILEY 2210-22ND AVE W BRADENTON FL 34205 | % EVERETT MILEY 2210-22ND AVE W BRADENTON FL 34205-452 | • | | |
| BRADENTON FL 34205 | DHADENION FL 34203432 | • | 3. Date Incorporated or Qualified 03/20/1987 | 3a. Date of Last Report 04/15/1996 |
| Principal Place of Business Section Principal Place of Business | 2a. Mailing Address 26 | 75 | 4. FEI Number 58-2778886 | Applied For Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | AND THE COMMENTS OF THE COMMEN | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Country | 28] Z(p) | Country | Trust Fund Contribution 8. This corporation has liability for | Added to Fees intangible tax under s. 199.032. |
| 24 25 | | 30] | Florida Statutes | ☐ Yes ☐ No |
| | of Current Registered Agent | 81 Name | 10. Name and Address of New Ro | egistered Agent |
| MILEY, EVERETT 2210-22ND AVE W | | | | |
| BRADENTON FL 34205 | | 82 Street Add | ress (P.O. Box Number is Not Accepta | ble) |
| | | 83 | | |
| · · | | 84 City | | 85 Zip Code |
| 11. Pursuant to the provisions of Sections | s 607.0502 and 607.1508, Florida Statule | es the above-pamed corr | poration submits this statement for the | Purpose of changing its registered |
| office or registered agent or both in. | the State of Florida, Such change was a the obligations of Section 607.0505, Florida 607.0505, Florida Section 607.0505, F | authorized by the corooral | tion's board of directors. I hereby acce | pt the appointment as registered |
| SIGNATURE POLICE ON | leur . | | | 319-97 |
| Signature, typed or printed name of re | | : Registered Agent signature requi | PROFESSION OF THE STREET OF THE STREET PROFESSION OF THE STREET STREET, THE STREET STREET, THE STREET STREET, | |
| | CERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI | |
| TITLE PD NAME MILEY, EVERETT | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| | | 1.2 NAME | | |
| DRABENTON EL | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP BHAVENIUN FL | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-SI-ZIP | | 2. 4 CITY - S1 - ZIP | | |
| TITLE | DELETE | 3.1 1ITLE | | Change Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CHY-ST-ZIP | | 3.4. CITY-S1-ZIP | | |
| TITLE | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | DETETE | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 5.9 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | DELFTE | 6.1 TITLE | 60000212 | Change Addition |
| NAME | | 6.2 NAME | 60000212 -03/27/97010 ***165.00 | 01015 |
| STREET_ADDRESS | | 6.3 STREET ADDRESS | ***165.00 | |
| CITY-ST-ZIP | 1 | 6.4 CITY - ST - ZIF | | |

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 information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made und 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 neappears in Block 12 or Block 13 if changed, or on an attachment with an address.