FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

APPROVED AND FILED

-1 PM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K04891** **(3)**

1. Corporate Name
MILLER HOMES, INC.

Principal Place of Business
1527 MIDNIGHT PASS WAY
CLEARWATER FL 34625

Mailing Address
1527 MIDNIGHT PASS WAY
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/03/1987**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **59-2857312** — Applied For / Not Applicable

Suite, Apt. # or Bldg. — 22
Suite, Apt. # or Bldg. — 27

5. Certificate of Status Desired — $8.75 Additional Fee Required

City & State — 23
City & State — 28

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

Zip — 24 — County — 25
Zip — 29 — County — 30

8. This corporation has solely for adjustment for under S. 193.052 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, MARILYNNE, R
1527 MIDNIGHT PASS WAY
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and/or 617.1928 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. The 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(s)

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICER AND DIRECTOR INFORMATION
Title	PVD	☐ Change ☐ Addition
Name	MILLER, JOSEPH E.	
Street Address	1527 MIDNIGHT PASS WAY	
City-State-Zip	CLEARWATER FL	
Title	STD	☐ Change ☐ Addition
Name	MILLER, MARILYNNE, R	
Street Address	1527 MIDNIGHT PASS RD	
City-State-Zip	CLEARWATER FL	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		
Title		☐ Change ☐ Addition
Name		
Street Address		
City-State-Zip		

14. I (we) hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address, with an asterisk in front of that address, or on an attachment with an address.

SIGNATURE: Marilynne Miller 5/15/95 813-791-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #
MARILYNNE MILLER

038W66 CP