

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL 18 AM 10:01

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # K52655 (3)**

1. Corporation Name  
**BEST FOOT FORWARD, INC.**

Principal Place of Business Mailing Address  
**C/O MICHAEL J. MILLER 2005 PARK STREET JACKSONVILLE FL 32204**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2924587** Applied For  Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address  
 21 **5393 ROOSEVELT Blvd.** 26 **5393 ROOSEVELT Blvd.**  
 Suite, Apt. #, etc. #17 Suite, Apt. #, etc. #17  
 22 **JACKSONVILLE FL.** 27 **JACKSONVILLE FL.**  
 City & State City & State  
 23 **32210** 25 **U.S.A.** 29 **32210** 30 **U.S.A.**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**MILLER, MICHAEL J. 2005 PARK STREET JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent  
 81 Name **MILLER, MICHAEL J.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5393 ROOSEVELT BLVD.**  
 83 **#17**  
 84 City **JACKSONVILLE** FL 85 Zip Code **32210**

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, as set forth 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]* **Michael J. Miller** 7-11-95  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing. DATE

12. OFFICERS AND DIRECTORS  
 TITLE **DP**  
 NAME **MILLER, MICHAEL J.**  
 STREET ADDRESS **10621 PARLIAMENT PLACE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME **V.P. DONNA D. MILLER**  
 1.3 STREET ADDRESS **10621 PARLIAMENT PL.**  
 1.4 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE *[Signature]* **Michael J. Miller** 7-11-95 904-389-6212  
Signature and typed or printed name of signing officer or director. Date Telephone #

CR2E034 (3/95)