FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # K62372 (3)

1. Corporation Name

VICKI MILLER REALTY, INC.

Principal Place of Business	Mailing Address
550 BALMORAL CIRCLE NORTH SUITE ~~209~~ 208 JACKSONVILLE FL 32218 US	550 BALMORAL CIRCLE NORTH SUITE ~~209~~ 208 JACKSONVILLE FL 32218 US

3. Date Incorporated or Qualified: 02/01/1989	3a. Date of Last Report: 07/05/1995
4. FEI Number: 59-2932566	☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MILLER, VICKI D. VICKI MILLER LEWIS
RT 2 BOX 1050 Rt 1 Box 225-A
CALLAHAN FL 32011 HILLIARD Fla 32046

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 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 Vicki Miller Lewis I got married see attached name change 2-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	MILLER, VICKI D. Lewis, Vicki Miller	
STREET ADDRESS	~~RT 2 BOX 1050~~ Rt 1 Box 225A	
CITY-ST-ZIP	~~CALLAHAN FL 32011~~ Hilliard Fl 32046	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Lewis, Vicki Miller	
1.3 STREET ADDRESS	Rt 1 Box 225A	
1.4 CITY-ST-ZIP	Hilliard Fl 32046	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vicki Miller Lewis president 2-1-96 9047579406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

aka Vicki D Miller

JAN 17 1996

OFFICIAL RECORDS

I got married my legal name is Vicki Miller Lewis

MARRIAGE RECORD
FLORIDA

APPLICATION NO. 95-574

APPLICATION TO MARRY

GROOM DATA

1. GROOM'S NAME (First, Middle, Last): RAYMOND EARL LEWIS
2. DATE OF BIRTH (Month, Day, Year): 1/26/42
3a. RESIDENCE - CITY, TOWN, OR LOCATION: HILLIARD
3b. COUNTY: NASSAU
3c. STATE: FLORIDA
4. BIRTHPLACE (State or Foreign Country): FLORIDA

BRIDE DATA

4a. BRIDE'S NAME (First, Middle, Last): VICKI DIANE MILLER
5. MAIDEN SURNAME (If different):
6. DATE OF BIRTH (Month, Day, Year): 1/27/55
7a. RESIDENCE - CITY, TOWN, OR LOCATION: CALLAHAN
7b. COUNTY: NASSAU
7c. STATE: FLORIDA
8. BIRTHPLACE (State or Foreign Country): FLORIDA

AFFIDAVIT OF BRIDE AND GROOM

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. GROOM'S SIGNATURE (Sign full name): Raymond Earl Lewis
13. BRIDE'S SIGNATURE (Sign full name): Vicki Diane Miller
10. SUBSCRIBED AND SWORN TO BEFORE ME ON: 12/29/95
11. TITLE OF ISSUING OFFICIAL: DEPUTY CLERK
14. SUBSCRIBED AND SWORN TO BEFORE ME ON: 12/29/95
15. TITLE OF ISSUING OFFICIAL: DEPUTY CLERK
12. SIGNATURE OF ISSUING OFFICIAL: Rosa D. Pooley
16. SIGNATURE OF ISSUING OFFICIAL: Rosa D. Pooley

LICENSE TO MARRY

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.

17. DATE LICENSE ISSUED: 12/29/95
18. EXPIRATION DATE: 2/27/96

THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

18a. SIGNATURE OF PERSON ISSUING LICENSE: D. Glisson
18b. BY D.C.: RP
18c. TITLE: CLERK OF THE COURT
19. COUNTY: NASSAU

CERTIFICATE OF MARRIAGE

21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON 1-12-96 (DATE (month, day, year)) AT Callahan (CITY OR TOWN), FLORIDA

22a. SIGNATURE OF PERSON PERFORMING CEREMONY: Robert M. Drury
22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT): Robert M. Drury
22c. TITLE: Pastor
22d. ADDRESS: R.t. 2 Box 1270 Callahan, Fl. 32011
23. SIGNATURE OF WITNESS TO CEREMONY: Nina Drury
24. SIGNATURE OF WITNESS TO CEREMONY: R F Cuthrie

RECORDED

20. DATE RETURNED: 1/16/96
20a. RECORDED IN BOOK 748 PAGE 1239
20b. CLERK OF COURT: D. Glisson

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	25. RACE: WHITE	26. NUMBER OF THIS MARRIAGE: 3	IF PREVIOUSLY MARRIED SPECIFY 30 - 31	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT): DIVORCE	31. DATE LAST MARRIAGE ENDED: 1/11/90
BRIDE	32. RACE: WHITE	33. NUMBER OF THIS MARRIAGE: 3	IF PREVIOUSLY MARRIED SPECIFY 34 - 35	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT): DIVORCE	35. DATE LAST MARRIAGE ENDED: 7/21/94

HRS Form 745, Feb 91 (Replaces Jan 88 edition which may be used)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 955691

9601177

FILED & RECORDED IN PUBLIC RECORDS OF NASSAU COUNTY, FL. RECORD VERIFIED

96 JAN 17 PM 12:09

D. Glisson

CLERK OF COURTS
NASSAU COUNTY, FLORIDA