

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L30602** (1)

1. Corporation Name
DAN MILLER TENNIS, INC.



Principal Place of Business: **1423 NORMANDY LANE, P.H. 34683 PALM HARBOR FL 34683**
Mailing Address: **1423 NORMANDY LANE, P.H. 34683 PALM HARBOR FL 34683**

3. Date Incorporated or Qualified: **11/16/1989**
3a. Date of Last Report: **06/07/1995**

2. Principal Place of Business: **9481 Highland Oak Drive**
2a. Mailing Address: **9481 Highland Oak Drive**

4. FEI Number: **59-2976746**
Applied For: Not Applicable

Suite, Apt. #, etc.: **STE 1302**

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

City & State: **Tampa, FL**

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

Zip: **33647-2522** Country: **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, JODI S
1423 NORMANDY LANE
PALM HARBOR FL 34683**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **9481 Highland Oak Drive #1302**
83
84 City: **Tampa** FL 85 Zip Code: **33647**

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: *[Signature]*

7-7-96

Signature typed or printed name of registered agent and title if applicable (PDF Registered Agent signature required when not starting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD MILLER, DANIEL F	1.2 NAME	
STREET ADDRESS	1423 NORMANDY LANE	1.3 STREET ADDRESS	9481 Highland Oak Drive #1302
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DD MILLER, JODI S	2.2 NAME	
STREET ADDRESS	1423 NORMANDY LANE	2.3 STREET ADDRESS	9481 Highland Oak Drive #1302
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]*

7/7/96 (813)991-6933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)