

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 # **L73507** (0)

1. Corporation Name

JOHNSON & MILLER INSURANCE AGENCY, INC.



Principal Place of Business

**1195 N. MILITARY TRAIL
SUITE #9
W. PALM BEACH FL 33409**

Mailing Address

**1195 N. MILITARY TRAIL
SUITE #9
W. PALM BEACH FL 33409**

3. Date Incorporated or Qualified
05/14/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1225 N. Military Trail**

2a. Mailing Address
26 **1225 N. Military Trail**

4. FEI Number
65-0192002

Applied For
Not Applicable

22 **Suite #2**

27 **Suite #2**

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

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

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, ORLAND
2810 FOXHALL DRIVE
W. PALM BEACH FL 33417**

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

Signature typed or printed name of registered agent and their authority

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DP	JOHNSON, BRENDA	1195 N. MILITARY TRAIL	WEST PALM BEACH FL	
DST	MILLER, MARY	2810 FOXHALL DR E	WEST PALM BEACH FL	
V	MILLER, ORLAND	2810 FOXHALL DR E	WEST PALM BEACH FL	

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1225 N. Military Trail #2		
		1225 N. Military Trail #2		
		1225 N. Military Trail #2		

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-05/20/96--01004--012
***200.00

5-1-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/TIME PHONE #

CR2E034 (12/95)