**FILE NOW: FILING FEE AFTER MAY 1 IS $220**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L94321** **(1)**

1. Corporation Name

**MILLER AND JONES LEGAL SERVICES, P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| **2340 STATE RD 580**<br>**CLEARWATER FL 34623** | **2340 STATE RD 580**<br>**CLEARWATER FL 34623** |

3. Date Incorporated or Qualified: **08/17/1990**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-3031104** ☐ 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 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. Name and Address of Current Registered Agent

**MILLER, CARL J.**
**2340 STATE RD 580**
**CLEARWATER FL 34623**

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ Date _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996 | |
|---|---|---|---|---|
| TITLE | DPS | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MILLER, CARL J. | | 12 NAME | |
| STREET ADDRESS | 16228 FANTASIA DR. | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | | 14 CITY-ST-ZIP | |
| TITLE | DVT | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JONES, DAVID LEE | | 22 NAME | |
| STREET ADDRESS | 1200 MELONWOOD DR. | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | | 24 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is true and accurate, that my electronic 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 added above or on an attachment with an address.

**SIGNATURE:** _____ President 4/8/96 (813) 797-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)