

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M 44349**
1. Corporation Name
MILLER Lawn Service Inc.

Principal Place of Business Mailing Address
627 Fern Ave **627 Fern Ave**
Holly Hill FL 32117 **Holly Hill FL 32117**

2. Principal Place of Business 627 Fern Ave.		2a. Mailing Address 627 Fern Ave.		3. Date Incorporated or Qualified Jan 1987	3a. Date of Last Report April 1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2819330		Applied For Not Applicable	
22. City & State Holly Hill FL 32117	27. City & State Holly Hill FL	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip 32117	28. Zip 32117	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country USA	29. Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name Wayne L. Miller SR.
82. Street Address (P.O. Box Number is Not Acceptable) 1310 Fleming Ave.
83. D-47
84. City ORMOND BEACH
85. Zip Code 32174

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 **Wayne L. Miller Sr. Pres.** **4-25-97**
(Signature typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Pres P.D.
NAME		1.2 NAME	Wayne L. Miller SR.
STREET ADDRESS		1.3 STREET ADDRESS	1310 Fleming Ave D-47
CITY-STATE-ZIP		1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	Mrs S.F.
NAME		2.2 NAME	Mary So Miller
STREET ADDRESS		2.3 STREET ADDRESS	1310 Fleming Ave
CITY-STATE-ZIP		2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	W.O.
NAME		3.2 NAME	Wayne L. Miller JR.
STREET ADDRESS		3.3 STREET ADDRESS	103 Luna Dr
CITY-STATE-ZIP		3.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
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-STATE-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-STATE-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	800002161158
NAME		6.2 NAME	-05/01/97--01010--008
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY-STATE-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Wayne L. Miller Sr.** **Wayne L. Miller SR** **4-25-97** **904-255-1352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)