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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M67103

(5)

MILLER ENTERPRISES OF WEST FLORIDA, INC.

Principal Place of Business.  108 BAILEY DR. NICEVILLE FL 32578  Mailing Address 108 BAILEY DR. NICEVILLE FL 32578		······································			
				3. Date Incorporated or Qualific 01/28/1988	d 3a. Date of Last Report 03/29/1996
h	2a. Mailing Address			4. FEI Number	Applied For
	26			59-2869460	Not Applicable
Suite Apt # etc 22	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	
Zip Country	28 Z <sub>(2)</sub>	Countr		Trust Fund Contribution	Added to Fees
hori har in h	29	30	y	Florida Statutes	or intangible tax under s. 199,032,  Yes No
9, Name and Address of Current Re	egistered Agent		· • · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	Registered Agent
MILLER, MARK W.		81	Name		
827 WEEDEN ISLAND RD			Street Add	dress (P.O. Box Number is Not Accep	table)
NICEVILLE FL 32578		83	)		
		84	City		85 Zip Code
					FL
Pursuant to the provisions of Sections 607,0502 are office or registered agent for both, in the State of Fagicity Familiar with and accept the obligation SIGNATURE.	Florida Such change was ns of Section 607.0505, F	authorized b lorida Statute	by the corpor es.	ation's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
Stylest voll typication part ted traine of registered agent an			ent signature req	uited when reinstating)	DATE FICERS AND DIRECTORS IN 12
12. OFFICERS AND DI	DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OF	Change Addition
MILLER, MARK W.		12 NAME			
STREET ADDRESS 827 WEEDEN ISLAND RD		1.3 STREE	T ADDRESS		
CITY ST. ZIP NICEVILLE FL		1.4 CITY-	ST-ZIP		
TIBLE VD	☐ DELETE	2.1 TITLE			Change Addition
MILLER, KEVIN R. STREET ADDRESS 100 SWIFT CREEK CT.		2.2 NAME	(		
AHADALE PI			1 AODRESS		
C:fr-St 20: NICEVILLE PL	DELETE	2. 4 CiTY- 3.1 TiTLE	-31-1K		Change Addition
NAME		3.2 NAME			,
STIGET ALURESS		3.3 STREE	1 ADDRESS		
City SF-70		3.4. CITY -	ST-ZIP		·····
THEE	DELETE	4.1 TITLE			Change Addition
NAME CONTRACTOR		4. 2 NAME	· .		
SISEST ADDRESS		4.3 STREE 4.4 City-	T ADDRESS		
Hat	DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME			
STREET ADDRESS:		5.3 STREE	T ADDRESS		
CHY-\$1-Zip			1 Alpenedo		
k vit c	····	5.4 CITY-	ST-2IP		
THAT	DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-2IP		☐ Change ☐ Addilion

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 lightnaged, or on an attachment with an address.

SIGNATURE: Mark W. Miller, Pres.

904-678-6600

**FILED** 

Mar 28 1997 8:00am

Secretary of State

Daytime Prone #