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

SIGNATURE:

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)M99743 MILLER'S LAKESIDE INC. Principal Place of Business Mailing Address 5696 S.O.B.T P.O. BOX 154 INTERCESSION CITY FL 33848 INTERCESSION CITY FL 38848 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1988 2. Principal Place of Business 2a. Mailing Address Applied For 20-2246611 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes □ No 24 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MILLER, LARRY E. 5696 S. ORANGE BLOSSOM TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **BOX 154** INTERCESSION CITY FL 33848 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1 1 TITLE MILLER, LARRY E. NAME 1.2 NAME 5696 S.ORANGE BLOSSOM TR STREET ADDRESS 1.3 STREET ADDRESS INTERCESSION CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition MILLER, BERNECE A. NAME 2.2 NAME **5696 S.ORANGE BLOSSOM TR** STREET ADDRESS 2.3 STREET ADDRESS INTERCESSION CITY FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRES CITY-ST-ZIP JY-ST-ZIP DELETE Change Addition TITLE 'ı TIT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP A DITY-ST-ZIP DELEVE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I 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 eath; 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.

FILED