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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M99743 1. Corporation Name

MILLER'S LAKESIDE INC.

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90043 011 \*\*\*150.00

Principal Plac	e of Business	Mailing Address			II #181) BIBN G1811 B	##   ###   ##
5696 S.O.B.T		P.O. BOX 154				
INTERCESSION CITY FL 33848		INTERCESSION CITY FL 38	848		-	
US US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 09/16/1988		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		20-2246611	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75.A	dditional
22		27		5. Certificate of Status Desired	Fee Red	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country	Country 8. This corporation owes the current year Intangible		
24	25	29	30	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name	REDNEER DINE	D	
MILL	ER, LARRY E.		82 Street Ad	drees (P.O. Box Namber is Not Acceptable)		
	3 S. ORANGE BŁOSSÓM TRAIL	<	Sileet Ad	Share (P.O. Box Hamber Is Info Act Detable)		
	154		83	17		
INTE	EBGESSION CITY FL 33848			30× 154		
			84 City	TERREGLIANTEL ST	85 Zio C	ode
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	es the above-named co	rporation submits this statement for the purpose	of changing its	registered
office or r			thorized by the corpora	tion's board of directors. I hereby accept the app		
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes.			
agent, I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor		· · · · · · · · · · · · · · · · · · ·		
SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	Registered Agent signature requi	ired when reinstating) DATE		
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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 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, with all other like empowered.

SIG	N/	<b>NTU</b>	<b>JRE</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-3-99 Date 407-937-5976