

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90210 050 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P08788**

1. Corporation Name  
**MILLER MECHANICAL CONTRACTORS, INC.**



Principal Place of Business: 1976 AIRPORT INDUSTRIAL PARK DRIVE, MARIETTA GA 30062  
 Mailing Address: 1976 AIRPORT INDUSTRIAL PARK DRIVE, MARIETTA GA 30062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/23/1986	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				58-1303603	
23. City & State		28. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution	
25. Country		30. Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAY, JAMES E. 1492 WILTSHIRE VILLAGE DRIVE WEST PALM BEACH FL 33414				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JOSEPH H	1.2 NAME	CHRISTIANSO, ROBERT A
STREET ADDRESS	1244 TIMBERLAND DRIVE	1.3 STREET ADDRESS	1976 AIRPORT IND PK DR
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JOSEPH E	2.2 NAME	MILLER, JOSEPH E
STREET ADDRESS	1110 HERSHEY DRIVE	2.3 STREET ADDRESS	1976 AIRPORT IND PK DR
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	MARIETTA, GA 30062
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T/S/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, LENA R	3.2 NAME	BAGGETT, DAVID C
STREET ADDRESS	1244 TIMBERLAND DRIVE	3.3 STREET ADDRESS	1976 AIRPORT IND PK DR
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	MARIETTA, GA 30062
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-ST-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-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: JOSEPH E. MILLER / PRESIDENT 4-30-99 770-952-3864  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)