FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:47

DOCUMENT # **P26231** **(1)**

1. Corporation Name
D.J. MILLER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
600 W. PEACHTREE ST. STE 1550 ATLANTA GA 30308	600 W. PEACHTREE ST SUITE 1550 ATLANTA GA 30308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1989**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business
21 **600 W. Peachtree Street**
Suite, Apt. #, etc.
22 **Suite 1550**
City & State
23 **Atlanta, Georgia**
Zip 24 **30308** Country 25 **USA**

2a. Mailing Address
26 **P.O. Box 110178**
Suite, Apt. #, etc.
27
City & State
28 **Atlanta, Georgia**
Zip 29 **30311** Country 30 **USA**

4. FEI Number: **58-1703756** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUDSON, WILLIE
1147 W. EDGEWOOD AVE.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: **None**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	**Treasurer**	☐ Change ☒ Addition
NAME	MILLER, DAVE J.	12 NAME	**Rhea Armstrong**	
STREET ADDRESS	2209 VENETIAN DR	13 STREET ADDRESS	**1438 Robin Hill Drive**	
CITY ST ZIP	ATLANTA GA	14 CITY ST ZIP	**Norcross, Georgia 30093**	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MILLER, TEDDY D.	22 NAME		
STREET ADDRESS	~~RT 2 BOX 147~~ Route 1 / Box 905	23 STREET ADDRESS		
CITY ST ZIP	ATLINGTON GA 31713	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	~~BLACKWELL, GARY E.~~	32 NAME		
STREET ADDRESS	~~6128 RADFORD DR.~~ REMOVED	33 STREET ADDRESS		
CITY ST ZIP	~~FAIRDALE GA~~	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ _____ _____
SIGNATURE AND TITLE OR TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNS ABOVE Date Telephone Number

03000783 FP