

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 APR 17 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

DOCUMENT # P35896 (0)

1. Corporation Name

WARREN A. MILLER AND ASSOCIATES INSURANCE AGENCY
, INC.

Principal Place of Business 23175 HEMENWAY AVE. PUNTA GORDA FL 33980-5810	Mailing Address 23175 HEMENWAY AVE. PUNTA GORDA FL 33980-5810
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1991	3a. Date of Last Report 07/12/1994
4. FEI Number 31-0999868	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
--	---

9. Name and Address of Current Registered Agent MILLER, WARREN A. HEMENWAY AVE. → 23175 PUNTA GORDA FL 33980	
---	--

10. Name and Address of New Registered Agent 81 Name SHIRLE J. MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 23175 Hemenway Av 83 84 City Punta Gorda FL 85 Zip Code 33980	
--	--

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Shirle Miller, President* DATE 4-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	DCP MILLER, WARREN A. HEMENWAY AVE. → 23175 PUNTA GORDA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☒ Change ☐ Addition SHIRLE J. MILLER
TITLE NAME STREET ADDRESS CITY ST ZIP	VST MILLER, SHIRLE HEMENWAY AVE. → 23175 PUNTA GORDA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

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 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Shirle Miller, President* DATE 4-11-95 813-764-1172