


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

001768

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90113 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000015035**

1. Corporation Name  
**MILES BROS., INC.**

Principal Place of Business  
7312 A1A SOUTH  
ST. AUGUSTINE FL 32086

Mailing Address  
7312 A1A SOUTH  
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/24/1993**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

**59-3179434**

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORNT0, L A JR.  
128 ORANGE AVE.  
DAYTONA BEACH FL 32114**

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPST** ☐ DELETE  
NAME **MILES, ROBLEY M JR.**  
STREET ADDRESS **7312 A1A SOUTH**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

1.1 TITLE **DPST** ☒ Change ☐ Addition  
1.2 NAME **MILES, ROBLEY M JR.**  
1.3 STREET ADDRESS **425 OCEAN DUNES DRIVE**  
1.4 CITY-ST-ZIP **DAYTONA BEACH, FL 32018**

TITLE **DPS** ☐ DELETE  
NAME **MILES, DAVID E**  
STREET ADDRESS **65 DOLPHIN DR.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

2.1 TITLE **DVS** ☒ Change ☐ Addition  
2.2 NAME **MILES, DAVID E.**  
2.3 STREET ADDRESS **65 DOLPHIN DRIVE**  
2.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **DPS** ☐ DELETE  
NAME **MILES, STEVEN G**  
STREET ADDRESS **7312 A1A S.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

3.1 TITLE **DVS** ☒ Change ☐ Addition  
3.2 NAME **MILES, STEVEN G.**  
3.3 STREET ADDRESS **33 FOREST VIEW**  
3.4 CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE **DPS** ☐ DELETE  
NAME **MILES, HENRY E**  
STREET ADDRESS **7312 A1A S.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

4.1 TITLE **DVS** ☒ Change ☐ Addition  
4.2 NAME **MILES, HENRY E**  
4.3 STREET ADDRESS **3824 HECKORY LANE**  
4.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **DPS** ☐ DELETE  
NAME **MILES, CHARLES S**  
STREET ADDRESS **7312 A1A S.**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

5.1 TITLE **DVS** ☒ Change ☐ Addition  
5.2 NAME **MILES, CHARLES S.**  
5.3 STREET ADDRESS **141 CREEKSIDE DRIVE**  
5.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE **DPS** ☐ DELETE  
NAME **MILES, WM. F**  
STREET ADDRESS **7312 A1A S**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

6.1 TITLE **DVS** ☒ Change ☐ Addition  
6.2 NAME **MILES, WM. F**  
6.3 STREET ADDRESS **450 TRADEWINDS LN.**  
6.4 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**CHARLES MILES 904-794-0174 3/17/99**

CR2E034 (11/98)

**Miles Bros. Inc.**

Doc- P93000015035  
250501-90113-28

7312 Hwy A1A  
St. Augustine, FL 32086

March 17, 1999

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

RE: P93000015035  
Miles Bros. Inc.  
FEI Number 59-3179434

12.  
Additions:  
MILES, DANIEL T  
DVS  
2635 SW 35TH PLACE  
GAINESVILLE, FL 32608