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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000016453 (1)**  
1. Corporation Name  
**MILLER SYSTEMS, INC.**

Principal Place of Business: **8793 NAVAREE PARKWAY NAVARRE FL 32566**  
Mailing Address: **8787 NAVAREE PARKWAY NAVAREE FL 32566**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>03/01/1993</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>59-3167435</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <b>1769 Mustang St</b>		2a. Mailing Address 26 <b>1769 Mustang St.</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>Navarre FL</b>		City & State 28 <b>Navarre FL</b>	
Zip 24 <b>32566</b>	County 25 <b>Santa Rosa</b>	Zip 29 <b>32566</b>	County 30 <b>Santa Rosa</b>

9. Name and Address of Current Registered Agent <b>MILLER, WILLIAM E 8787 NAVAREE PARKWAY NAVARRE FL 32566</b>		10. Name and Address of New Registered Agent 81 Name <b>Miller, William E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>1769 Mustang St.</b> 84 City <b>Navarre</b> FL 85 Zip Code <b>32566</b>	
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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: *William E. Miller* DATE: **4-17-95**  
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>MILLER, WILLIAM E</b>	1.1 TITLE <b>P</b>	<b>Miller - William E</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, WILLIAM E</b>	1.2 NAME	<b>1769 Mustang St</b> (Address only)
STREET ADDRESS	<b>8793 NAVAREE PKWY</b>	1.3 STREET ADDRESS	<b>Navarre FL 32566</b>
CITY - ST - ZIP	<b>NAVARRE FL</b>	1.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>MILLER, ANNETTE</b>	2.1 TITLE <b>D</b>	<b>Miller - Annette</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ANNETTE</b>	2.2 NAME	<b>1769 Mustang St.</b> (Address only)
STREET ADDRESS	<b>8793 NAVAREE PKWY</b>	2.3 STREET ADDRESS	<b>Navarre FL 32566</b>
CITY - ST - ZIP	<b>NAVARRE FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed 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 as changed, or on an attachment with an address.

SIGNATURE: *William E. Miller* DATE: **4-17-95** SYSTEM NUMBER: **904-939-3504**  
Signature typed or printed name of signing officer or director (Date)