

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027008 (0)

1. Corporation Name
FRED L. MILLER, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 2586~~
~~MOORE HAVEN FL 33935-2586~~
~~US~~

~~P.O. BOX 2586~~
~~MOORE HAVEN FL 33935-2586~~
~~US~~

3. Date Incorporated or Qualified
04/07/1993

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 2586
Suite, Apt. #, etc.

26 P.O. BOX 2586
Suite, Apt. #, etc.

4. FEI Number
59-3174266

Applied For
Not Applicable

22 City & State
LABELLE, FL

27 City & State
LABELLE, FL

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

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

23 Zip
33935

25 Country
US

29 Zip
33935

30 Country
US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT. LAUDERDALE FL 33901

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MILLER, FRED L
P O BOX 2586
MOORE HAVEN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
MILLER, DIANE L
P O BOX 2586
MOORE HAVEN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
JOHNSON, SCOTT
P O BOX 2586
MOORE HAVEN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
MONREAL, DAVID
P O BOX 2586
MOORE HAVEN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

LABELLE FL 33935

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

LABELLE FL 33935

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

LABELLE FL 33935

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

LABELLE FL 33935

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 119.07(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 on an attachment with an address.

SIGNATURE:

David S. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (941)674-0115
Date Daytime Phone

CR2E034 (12/95)