FILE NOW: FILING FEE AFTER MAY 1 IS \$550.Q0

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF TATE

Sandra B. Mortilam

Secretary of State DIVISION OF CORPORATIONS

## 1997

## DOCUMENT # P93000027008 (0)

FRED L. MILLER, INC.  Principa: Place of Business Mailing Address P. O. BOX 2586 LABELLE FL 33935 US  Mailing Address P. O. BOX 2586 LABELLE FL 33975-2586 US		6		
			<ol><li>Date Incorporated or Qualified 04/07/1993</li></ol>	3a. Date of Last Report 04/19/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3174266	Not Applicable
Suite Apt. # etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28 Z <sub>1</sub> D	T. Country	Trust Fund Contribution	Added to Fees
Zip Counti 24 25	·	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes ☑ No
	29 29 East of Current Registered Agent	[30]	Florida Statutes L  10. Name and Address of New Reg	
WINESETT, RICHARD W	or or other Hogertone Pigoric	81 Name	10, 1101/10 2110 /102 41 11017 1102	14444
2248 FIRST STREET FT. LAUDERDALE FL 33901		82 Street Add	ress (P.O. Box Number is Not Acceptable	e)
		84 City		FL 85 Zip Code
SIGNATURE Stipodore, typodor perteo ram	DEFICERS AND DIRECTORS	(NOTE Registered Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	
NAME STHEFT ACCRESS MILLER, FRED L P 0 BOX 2586	PO BOX 2586 Labelle, Fl. 339:	1.2 PROPER ADDRESS		] Change Addition
THE DST NAME MILLER, DIANE L SIREFF ADDRESS P O BOX 2588	PO BOX 2586	NA 2.3 TIFLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
OLTV - ST-72P V NAME JOHNSON, SCOTT STREET ADDRESS P O BOX 2586	Labelle, Fl. 339	0.000000		Change Addition
CITY-ST-ZIP LABELLE FL	711 SW 28th S Cape Coral F			
TITLE NAME SHRET ADDRESS FOR SERVING LABELLE FL	TIO Karlov S Ft. Myers Fl.	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
THE THE STREET ADDRESS	DELETE	5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-7/P TITLE NAME SIREELAFORESS	DELETE	5.4 C(1Y-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition

14. I do 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 ennual 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 12 in changed, or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 25 1997 8:00am

Secretary of State