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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham 🏄

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000045987 (3)

JANE MILLER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

223 KINGSTON DRIVE FORT MYERS FL 33905 223 KINGSTON DRIVE FORT MYERS FL 33905-251 FILED Jun 02 1997 8:00am Secretary of State



FORT MYERS FL 33905	FORT MYERS FL 33905-2517			
			Date Incorporated or Qualified 06/24/1993	3s. Date of Last Report 03/15/1996
2. Principal Place of Business	2a. Mailing Address	r .n/	4. FEI Number	Applied For
21081 SW 31 MNR		50176	65-0425437	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, ětc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Coppy FL.	City & State 28 CAPE COM	1, Fh.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33914 25 USA	29 339 5-01763	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Rec	istered Agent
MILLER, JANE M		81 Name	12 D. Bunket	
223 KINGSTON DRIVE FORT MYERS FL 33905		82 Street Add	ress (P.O. Box Number is Not Acceptable	have
		84 Eity Pa	Conal	FL 85 Zip Code 14
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. Earn familiar with, and accept the obligations.	of Florida, Such change was aut	thorized by the corporal	poration submits this statement for the prition's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
SIGNATURE Signer in Typed or profind name of registered age	1512 BUT	Registered Agent signature requi	red when reinstating)	5-27-97
12. OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
T-TLF D	DELETE	1.1 TITLE	D. S. VIT	Change Addition
NAME MILLER, JANE M		12 NAME W	Wine D. BOLKELL	.
STREET ADDRESS 223 KINGSTON DRIVE		1.3 STREET ADDRESS	RIJ OM SIST HUNG	N
CHY-SI-ZP FORT MYERS FL 33905		1.4 CiTY-ST-ZIP	Mrs Cornii Ph. 3.	3914
MC	☐ DELETE	2.1 TITLE	Dra O Burvatt	Change Addition
NAME		2.2 NAME	in sky alst have	t .
STREET ADDRESS		2.3 STREET ADDRESS		2614
CRIV-SI-ZHP	DELETE	2 4 CITY-SY-ZIP	pre comi in o	3919 Change Addition
TOTALE NAME		3.1 TITLE 3.2 NAME		' Change Addition
STREET ADDRESS		3.3 STREET ADDRESS		
City-St-Zip		3.4. CITY-ST-ZIP		
TILE	DELETE	4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ACORESS		4.3 STREET ADDRESS		
Griv-St-ZiP		4.4 City-St-ZiP		
DIFLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STHEFT ACORESS		5.3 STREET ADDRESS		
CITY+ST+7/P		5.4 CITY-ST-ZIP		
Title	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY (\$1 - 7)P		6.4 CITY-ST-ZIP		:
14. I do hereby certify that the information supplier	d with this filing does not qualify		d in Section 119.07(3)(i), Florida Statutes	. I further certify that the

to the exemption stated in Section 119.07(3)(f), Florida Statutes. Florida Statutes. Florida Statutes Florida Florida Statutes Florida Statutes Florida Statutes Florida Statutes Florida Statutes Florida Statutes Florida Flo

SIGNATURE: NO SIGNATURE NAME OF SIGNAL OFFICER OF DIRECTOR OF BUT (4) 4-38-97 941-997-144