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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000055118 (2)

J.D. MILLER SERVICES, INC.

90/9 57. E 2. Pripsipal P 21 10/9 Sulte, Apt. 22 City & State 23 57.	HTH STREET WORTH ATH STREET WORTH AGE OF Business 47H ST. N. #, etc//A ETECSBURG, FL.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	702	Election Campaign Financing Trust Fund Contribution	THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24 Zip 33	707- 10 Pale 15	Zip	Country	8. This corporation owes or has paid to	· ·
24	9. Name and Address of Current	Registered Agent	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
C/0 684	LER, JERRY D D J.D. MILLER SERVICES 61 MT ORANGE DRIVE NE 1. PETERSBURG FL 33702		81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	FI 85 Zip Code
agent. I a SIGNATURE	to the provisions of Sections 607,050% egistered agent, or both, in the State in m familiar with, and accept the obligation Signature typind or printed name of registered agent OFFICE RS ANI	ions of Section 607.0505, Floand the diapplicable (NOT	ies, the above-named cor authorized by the corpora orida Statules. E. Registered Agent signature requirements.	poration submits this statement for the pure alion's board of directors. I hereby accept the statement for the pure alion's board of directors. I hereby accept the statement of	DATE
TITLE	P	DELETE	1.1 TITLE	1,551110,0111110,011110	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, JERRY DWIGHT 6841 MT ORANGE DRIVE NE 6T. PETERSBURG FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	_	
NAME STREET ADDRESS CITY-ST-ZIP	8 MILLER, SHARON SUTTON 6841 MT ORANGE DRIVE NE ST. PETERSBURG FL	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	<u>.</u>	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 Title 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[_] DELETE	5.1 TITLE 5.2 NAME 5.3 STREE1 ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		☐ DELETE	6.1 TITLE		Change Addition

14. Thereby 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 conforation of 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 man attachment with an address.

63 STREET ADDRESS

STREET ADDRESS

FILED

May 05 1998 8:00am

Secretary of State

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