

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:36

DOCUMENT # **P93000055141 (4)**

1. Corporation Name

MILES & SONS BUILDERS & CONTRACTORS, INC.

Principal Place of Business
**4477 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

Mailing Address
**4477 GULF OF MEXICO DR
LONGBOAT KEY FL 34228**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
09/27/1994

2. Principal Place of Business
21 **4134 GULF OF MEXICO DR**

2a. Mailing Address
26 **P.O. Box 8530**

4. FEI Number
65-0431701

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **207A**

Suite, Apt. #, etc.
27

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

City & State
23 **LONGBOAT KEY FLORIDA**

City & State
28 **LONGBOAT KEY FL**

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

Zip
24 **34228**

Country
25 **SARASOTA**

Zip
29 **34228**

Country
30 **SARASOTA**

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

**ROBERTSON, WILLIAM E JR
720 S ORANGE AVE
SARASOTA FL 34236**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILES, MICHAEL
4477 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**5320 GULF OF MEXICO DR, 101
LONGBOAT KEY FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**I
MILES, LISA
4477 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**5320 GULF OF MEXICO DR, 101
LONGBOAT KEY FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MILES, PATRICIA A
4477 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**5320 GULF OF MEXICO DR, #101
LONGBOAT KEY FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MILES, DARREN
4477 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**5320 GULF OF MEXICO DR, #101
LONGBOAT KEY FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MILES, PATRICIA A
4477 GULF OF MEXICO DR.
LONGBOAT KEY FL 34228**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**5320 GULF OF MEXICO DR, #101
LONGBOAT KEY, FL 34228**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated 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 if changed, or in an attachment with an address.

SIGNATURE: **x** *[Signature]* **MICHAEL MILES
PRESIDENT**

Apr 23/95 813-383-0334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #