

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000057917 (4)

1. Corporation Name  
JOSEPH L. MILLER, P.A.

Principal Place of Business  
3637 4TH ST. NORTH  
SUITE 360  
ST. PETERSBURG FL 33704

Mailing Address  
3637 4TH ST. NORTH  
SUITE 360  
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1994

4. FEI Number

59-3256985

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 100 - 36 AVENUE NO

Suite, Apt. #, etc

22

City & State

23 ST PETERSBURG FL

Zip

24 33704

Country

25 USA

2a. Mailing Address

26 100 - 36 AVENUE NO

Suite, Apt. #, etc.

27

City & State

28 ST PETERSBURG FL

Zip

29 33704

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, JOSEPH L  
3637 4TH ST. NORTH  
SUITE 360  
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name

JOSEPH L. MILLER

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

100 - 36 AVENUE NORTH

83

84

City ST PETERSBURG

FL

85

Zip Code

33704

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 Joseph L Miller

3/23/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME MILLER, JOSEPH L  
STREET ADDRESS 3637 4TH ST. NORTH, SUITE 360  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME MILLER, JOSEPH L.  
1.3 STREET ADDRESS 100 - 36 AVENUE NORTH  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33704

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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: Joseph L Miller

3/23/98 (813) 822-1411

CR2E034 (10/97)