FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

AND FILED

95 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087009 (4)**

1. Corporate Name

R. G. MILLER HOME SERVICES & CARPENTRY, INC.

Principal Place of Business
11124 ORANGEWOOD DR
BONITA SPRINGS FL 33923

Mailing Address
11124 ORANGEWOOD DR
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #: 22 — Suite, Apt. #: 27

City & State: 23 — City & State: 28

24 — 25 — 29 — 30

4. FEI Number: 65-0544142 — Applied For / Not Applicable

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

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

8. Does corporation currently be eligible to elect to be governed by Florida Statute: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MILLER, DEBRA A
11124 ORANGEWOOD DR
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name:

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

83

84 City: FL — 85 Zip Code:

11. Pursuant to the provisions of Section 607.0501 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE		TITLE	P/T/S ☐ Change ☐ Addition
NAME		NAME	Robert G. Miller
STREET ADDRESS		STREET ADDRESS	11124 ORANGEWOOD DR.
CITY, ST, ZIP		CITY, ST, ZIP	Bonita Springs, Fl. 33923
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I, [illegible], certify that the information contained with this report is originally typed and does not exceed the maximum statutory [illegible] Florida Statutes. I further [illegible] that the information indicated on the [illegible] of a supplemental annual report. That [illegible] and that the signature shown for the same is genuine. I further certify that [illegible] officer or director of the corporation or the person or persons authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or below, or on an attached amendment with an address.

SIGNATURE: Robert G. Miller — Robert G. Miller — 4-26-95 — 813-947-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0323931 CP