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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9500006388 (9)

MILLER-FLORIDA CONSTRUCTION CO., INC.

FILED

May 05 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing A	Adaress				1,000,000			
8371 S.E. DRIF HOBE SOUND	FTWOOD STREET FL 334 55		P.O. BOX 419 HOBE SOUND FL 33475-0419							
•							3. Date Incorporated or Qualified 01/25/1995	1	e of Last Re	eport
2. Principal Pi	iace of Business	2a. Mailir	ng Address				4. FEI Number	-1	Ар	plied For
21		26	26				65-0551314 Not Applicable			t Applicable
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	9		City & State				6. Election Campaign Financing		\$5.00	May Ro
23 "	•	— ·	28				Trust Fund Contribution		Added t	
	Zip Country		Zip Cou				8. This corporation has hability for	ntangible t	ax under s	199.032.
24	25	29		30	·			Yes [1001002.
<u> </u>	9. Name and Address of Curre	1-4	Agent	1001	T		10. Name and Address of New Re			
4 411				·	81	Name				
	LER, EOWARD H									
	1 S.E. DRIFTWOOD STREET					Street Address (P.O. Box Number is Not Acceptable)				
HO	BE SOUND FL 33455									
					83	City			85 Zip (Codo
					"	City		FL	103 240	5000
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Secti	ion 607.0505, FI	orida Sta	tutes	S.	poration submits this statement for the pation's board of directors. I hereby accessing which the properties of the patients o	ot the appo	intment as	registered
12.	Signature, typed or printed name of registered ag	ID DIRECTORS		18.	in white	ant albumm. 16do	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	DEFICERS AF	DINECTORS	DELETE	1,1 7	alt		ADDITIONAJOHANAED TO OTTIC	LITOTAL	Change	Addition
	MILLER, EDWARD H		La pecere	1.2 N						_
NAME	8371 S.E. DRIFTWOOD STRE	:C1		1		ADDOCOD.				
STREET ADDRESS		E1.				ADDRESS				
CITY-ST-ZIP	HOBE SOUND FL	•	DELETE			S1 - Z(P		· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE			L) Detest	2.1 T					Onlange	HOURSON
NAME				2,2 N						
STREET ADDRESS				238	TREET	ADDRESS				
CITY-ST-ZIP						S1-ZIP			0	1 del Otro
TITLE			DELETE	3.1 T					Change	Addition
NAME				3.2 N						
STREET ADDRESS				3.3 S	IR[FT	F ADDRESS				
CITY-ST-ZIP						ST-ZIP			—	7.1
TITLE			DELETE	4.1.1	₹TLE				☐ Change	Addition
NAME				4.21	NAME					
STREET ADDRESS				4.3 S	TREFT	1 ADDRESS				
CITY-ST-ZIP				4.40	HTY-S	ST - ZIP				
TITLE			DELETE	51 T	ITLE				Change	Addition
NAME				5.2 N	IAME					
STREET ADDRESS				538	STREET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	611					Change	Addition
NAME			_		IAME				-	
PUNTIL						T ADODECO				

14. I do 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 trusted 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 other same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 other same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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 other same legal effect as if made under oath; that