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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500006388

1. Corporation Name

MILLER-FLORIDA CONSTRUCTION CO., INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90294 040 ***150.00



					88H8 BUES HIE	
Principal Place	of Business	Mailing Address				
8371 S.E. DRIFTWOOD STREET HOBE SOUND FL 33455		P.O. BOX 419 HOBE SOUND FL 33455				
				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 01/25/1995		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	A	prilied For
21 30a	8 S.E. SALERNO	Rel 26		65 - 0551314	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 A Iditional		A ditional
22		27		5. Certificate of Status Desired Fee Required		equired
City & State		City & State		6. Election Campaign Financing 55.00 May Be		
23 STUART, FL.		28		Trust Fund Contribution Added to Fees		
Zip	Cour try	Zip	Country	8. This corporation owes the current year in	tangible	
24 349	97 25 W.S.A	29 30	0	Persor at Property Tax.	Yes	□No
	9. Name and Address of Cur			10. Name and Address of New Registers d	Agent	
MILLER, EDWARD H 8371 S.E. DRIFTWOOD STREET HOBE SOUND FL 33455			83	ILLER EDWARD H. dress (P.O. Bo) Number is Not Acceptable) 28 S.E. SALERNO Rd		
				TUART, FL	1	် <mark>ချ</mark> ို
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 abligations of Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed ha ne of registered	agent and title if applicable (NOT 3: Re	LLER PRESIDENT DATE	·	19	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS . V	10 DIRECTO	OF(S IN 12
TITLE	P	□ DELETE □ DELETE	1.1 TITLE	-	X Change	☐ Addition
NAME	MILLER, EDWARD H		1.2 NAME	MILLER, EDWARD H.		
STREET ADDRESS	8371 S.E. DRIFTWOOD STR	REFT	1.3 STREET ADDRESS	MILLER, EDWARD H. 3028 S.E. SALERNO RJ		
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	STUART FL. 3499	η	l
TITLE	TIOBE GOGNETE	☐ DELETE	2.1 TITLE	3.01113	Change	Addition
NAME			2.2 NAME			l
			2.3 STREET ADDRESS			
STREET ADDRESS						1
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE	•		3.2 NAME		_ ,	_
NAME	1		3.3 STREET ADDRESS			
STREET ADDRE 3S			1			
CITY-ST-ZIP		DELETE	3.4. CITY- ST-ZIP		☐ Change	☐ Addition
TITLE		□ oece1e				
NAME			4. 2 NAME			
STREET ADORE 3S			4.3 STREET ADDRESS			
CITY-ST-ZIP		1) ap ete	4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		DELETE	5.1 TITLE		□: change	☐ variou
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 recuired 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

Date

Date

Daytime Phone #