

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000048569 (4)**

1. Corporation Name

MILLER INDUSTRIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

Mailing Address

**1484-3 PARK SHORE CIRCLE
FORT MYERS FL**

**1484-3 PARK SHORE CIRCLE
FORT MYERS FL 33901-9616**

3. Date Incorporated or Qualified

06/19/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 3951 Williamson Road

26 3951 Williamson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Myers, FL

28 Fort Myers, FL

24 Zip

25 Country

29 Zip

30 Country

33905

Lee

33905

Lee

4. FEI Number

65-0602195

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 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

**MILLER, JENNIFER C
1484-3 PARK SHORE CIRCLE
FORT MYERS FL**

81 Name

JENNIFER C. MILLER

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

3951 WILLIAMSON ROAD

83

84 City

FORT MYERS

FL

85 Zip Code

33905

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

Jennifer C. Miller

JENNIFER C. MILLER, President

(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 **PD** ☐ DELETE

NAME **MILLER, JENNIFER C**

STREET ADDRESS **1305 GULF BLVD.**

CITY-ST-ZIP **BELLEAIR BEACH FL**

TITLE **VSTD** ☐ DELETE

NAME **MILLER, PAUL L**

STREET ADDRESS **1305 GULF BLVD.**

CITY-ST-ZIP **BELLEAIR BEACH FL**

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**3951 Williamson Rd.
Fort Myers, FL 33905**

☒ Change ☐ Addition

**3951 Williamson Rd.
Fort Myers, FL 33905**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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:

Jennifer C. Miller

JENNIFER C. MILLER, PRES.

2/14/97

(941) 279-2126

CR2E034 (9/96)