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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000048569 (4)

MILLER INDUSTRIES OF SOUTHWEST FLORIDA, INC.

Principal Place	e of Business	Mailing Address			f addistrat our natur mint mannt bi)	iĝi lajaj Billia Bil	
3951 WILLIAMSON RD FORT MYERS FL 33905 US		3951 WILLIAMSON RD. FORT MYERS FL 33905 US		-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					06/19/1995	1100		
2. Principal Place of Business		2a. Mailing Address			T-1		Ar	oplied For
ภี 2730 4th ST N		26 2730 4M ST N			65-0602195		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	us Desired S8.75 Additional		
City & State		City & State			Fee Required			
			1/C 0 $ -$		Election Campaign Financi Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees	
Z ip	Country	Zip	Country		8. This corporation owes or h			
24 3370		29 33704 3	o USA	1	Personal Property Tax due	June 30.	Yes 1	
	g, Name and Address of Curren	1 Registered Agent			Name and Address of Na	w Registered	Agent	
MIL	[81] Name	JEN	NIFER C. MILL	ED		ļ		
3951 WILLIAMSON RD					(P.O. Box Number is Not Acc			
FO	RT MYERS FL 33905		83	WP	HEE PUT KIVIE	KANE		
			84 City	OFT	ERSBURG	FL	85 Zip	Code 3704
11. Pursuant	to the provisions of Sections 607.050.	2 and 607,1508, Florida Statutes	the above seemed	COLDOR	dian aubmite this statement for	the curpose o	of observing it	a registered
office or re	eglatered agent, or both, in the State ry farvillar with and accept the obliga	of Florida, Such change was aut	horized by the corp	poration	s board of directors. I hereby	accept the ap	pointment as	registered
	C AN IUU KAY TUU NOO	r Jennikaca M	iller Dros	١.	3110198			
SIGNATURE	Signature, typed or planted harne of registered age	nt and title it applicable (NOTE F	Registered Agent's gnature	required w	then reinstaling)	DATE		
12,	OFFICERS AND		13.	r	ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PD	DELETE	1.5 THILE	}			Change	☐ Addition
NAME	MILLER, JENNIFER C		1.2 NAME	100	COFFE POT RIVIER			
STREET ADDRESS	3951 WILLIAMSON RD BELLEAIR BEACH FL		1.3 STREET ADDRESS		PETERSBURG, FL	4 NE 3370 4		
CITY-ST-ZIP TITLE	VSTD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	71,	PETERSOUND, PL	00 104	Change	Addition
NAME	MILLER, PAUL L		2.2 NAME				i i i i i i i i i i i i i i i i i i i	
STREET ADDRESS	3951 WILLIAMSON RD			hou	OFFEE POT RIVIERA	NE		
CITY-ST-ZIP	BELEAIR BEACH FL				ETERSBURG, FL 33			
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		D DOLLAR	3.4. CITY - ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				L Change	L. Addition
NAME PARCET ADDRESS			4. 2 NAME					
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
TITLE		DELETE	51 TITLE				Change	Addition
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		40.46.1.16	6.4 CITY-ST-ZIP]	440.07/07/2 52-21-52	C 1 &	and the sale of the	for the same of the same
14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.								

Jenniar O. Miller

3/mag

912-808-4420