

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90191 020 \*\*\*150.00

**DOCUMENT # P97000042780**

1. Corporation Name

**MILLER'S DISCOUNT COMPUTERS INC.**

Principal Place of Business

1329 HWY 17 N  
WAUCHULA FL 33873

Mailing Address

1329 HWY 17 N  
WAUCHULA FL 33873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1997

4. FEI Number

65-0757984

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. This corporation owes the current year Intangible  
Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

MILLER, PAUL L  
1329 HWY 17 N  
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

DANIEL W Miller

1329 Hwy 17 N

Wauchula,

FL

85 Zip Code

33873

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, PAUL L	
STREET ADDRESS	1329 HWY 17 N	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, DANIEL W	
STREET ADDRESS	2224 OLNEY RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, BETTY	
STREET ADDRESS	2224 OLNEY RD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELLA MAE Williams	
1.3 STREET ADDRESS	1329 HWY 17 N	
1.4 CITY-ST-ZIP	WAUCHULA FL 33873	
2.1 TITLE	OFFICER - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIEL W Miller	
2.3 STREET ADDRESS	1329 HWY 17 N	
2.4 CITY-ST-ZIP	WAUCHULA FL 33873	
3.1 TITLE	OFFICER - SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETTY Miller	
3.3 STREET ADDRESS	1329 HWY 17 N	
3.4 CITY-ST-ZIP	WAUCHULA FL 33873	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

(941) 767-6066

CR2E034 (11/98)