

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90043 031 ***150.00

DOCUMENT # **P97000048897**

1. Corporation Name
MILLER AND HEIL, P.A.

Principal Place of Business

~~407 WEKIVA SPRINGS ROAD~~
~~SUITE 119~~
~~LONGWOOD FL 32779~~

Mailing Address

~~407 WEKIVA SPRINGS ROAD~~
~~SUITE 119~~
~~LONGWOOD FL 32779~~

2. Principal Place of Business

21 **2324 Lee Road**

Suite, Apt. #, etc.

22 City & State

23 **Winter Park, FL**

24 Zip

25 **32789**

Country

2a. Mailing Address

26 **2324 Lee Road**

Suite, Apt. #, etc.

27 City & State

28 **Winter Park, FL**

29 Zip

30 **32789**

Country

9. Name and Address of Current Registered Agent

MILLER, BRENT C
407 WEKIVA SPRINGS ROAD
SUITE 119
LONGWOOD FL 32779

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3445938

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

10. Name and Address of New Registered Agent

81 Name

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

2324 Lee Road

83

84 City

Winter Park

FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and title if applicable.

BRENT C. MILLER, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**

STREET ADDRESS **407 WEKIVA SPRINGS ROAD, SUITE 119**

CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME **VP**

STREET ADDRESS **HEIL, DAVID R.**

CITY-ST-ZIP **407 WEKIVA SPRINGS RD STE 119**

LONGWOOD FL 32779

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 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

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

BRENT C. MILLER, PRES

Date

Daytime Phone #

4075992100

CR2E034 (11/98)