

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 01 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P97000052284 (1)**  
 1. Corporation Name  
**RUTH MILLER CLEANING, INC.**



Principal Place of Business P.O. BOX 7784 SARASOTA FL 34278	Mailing Address P.O. BOX 7784 SARASOTA FL 34278
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>Ruth Miller Cleaning Inc</i>	2a. Mailing Address 26 <i>P.O. Box 7784</i>
22 <i>1008-D North Lockwood Ridge Rd</i>	Suite, Apt. #, etc.
23 <i>Sarasota, FL.</i>	28 <i>Sarasota, FL.</i>
24 <i>34237</i>	25 <i>Sarasota</i>
29 <i>34278</i>	30

3. Date Incorporated or Qualified <b>06/12/1997</b>	4. FEI Number <i>65-0681121</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MILLER, RUTH**  
**812 BAILEY LANE**  
**SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name *Ruth Miller*

82 Street Address (P.O. Box Number is Not Acceptable)  
*1008-D*

83 *North Lockwood Ridge Rd.*

84 City *Sarasota* FL 85 Zip Code *34237*

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 *Ruth A. Miller* *Ruth Miller / Register Agent 8/24/98*

(NOTE: Registered Agent signature required when relistating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<i>President / Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, RUTH</b>	1.2 NAME	<i>Miller, Ruth.</i>
STREET ADDRESS	<b>312 BAILEY LANE</b>	1.3 STREET ADDRESS	<i>1008-D N. Lockwood Ridge Rd.</i>
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>	1.4 CITY-ST-ZIP	<i>SARASOTA, FL 34237</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>500002630735</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-09/02/98--01005--005</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***150.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>JK</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>9-1</i>
CITY-ST-ZIP		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.

SIGNATURE: *Ruth A. Miller* *Ruth Miller / President Aug 24, 1998*

CR2E034 (5/98)

Florida Department of State  
Division of Corporations

(2)

Aug. 21-1998

I hereby Ruth Miller swear I didn't receive a notice saying that the Corporation fee is due for \$150.00 I only got the reminder notice for \$550.00 I do not think it's fair for me to pay \$550.00 since I never received the \$150.00 notice.

On Aug. 18-1998 I Ruth Miller dialed this number (1-850-488-9000) and I spoke with a woman and she said that if I send a written Affidavit and get it notarized stating that I had never received the first notice of \$150.00 I would then be free to pay the \$150.00 and it would all be taken care of.

"Thank You"

Sincerely Yours,

Ruth A. Miller

Ruth A. Miller

Name of Business

and address: Ruth Miller Cleaning Inc.

P.O. Box 7784

Sarasota Fl.

34278

FED I.D. No. 65-0681121

Doc. No. P97000052284

STATE OF FLORIDA COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 20th day of August, 1998, by Ruth A. Miller, who has produced a Florida Driver License M460-761-64-622-0 as identification.

OFFICIAL NOTARY SEAL  
SONDRA DEVONNE CAMPBELL  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC509055  
MY COMMISSION EXP. NOV. 8, 1999

Sondra D. Campbell  
Sondra D. Campbell, Notary