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

DOCUMENT # P97000106742

MILLER MOTORS OF HAINES CITY, INC.

										. 1611 6111 116)
Principal Place of Business Mailing Address								1 (001(00) 1)0)01((100() 60()()	##114 MB1#1 14241	65118 BILLI (\$2	11 A1418 -101 1001
630 HWY, 17-92 W. 630 HWY, 17-92 W.											
HAINES CITY FL 33844 HAINES CITY FL 33844							DO NOT WRITE IN THIS SPACE				
l							[3	3. Date Incorporated or Qualife	d		
							-	12/18/1997			
2. Principal F	Place of Business	2a. Ma	iling Address				4	4. FEI Number		A	Applied For
21		26						59-3486291			lot Applicable
Suite, Apt. #, etc.								5. Certifcate of Status Desired			Additional
22 27										Fee F	Required
City & State City & State								5. Election Campaign Financing	, _□	•	May Be
28 Zip Country Zip				Country				Trust Fund Contribution			to Fees
24	25 29				30			This corporation owes the cu Personal Property Tax.	rrent year in	X Yes	□No
	9. Name and Address of Curre		d Agent	[30]	_		10	D. Name and Address of New	Registered	/\	
	2.57				81	Name					
JON	ES, LINDA S				-	C4::- = 4	A d d	/D O D Al	4-1-1		
630 HWY. 17-92 W.					82	Street	treet Address (P.O. Box Number is Not Acceptable)				
HAJI	IES CITY FL 33844				83						101.5
	•				84	Cit		14.5.3		105/ 7:-	0-45
					04	City			FL	_ 85 Zip	Code
office or i	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Si ations of, Sec	uch change was tion 607.0505, Fl	authorized lorida Statu	by ites.	the corpo	oration's t	board of directors. I hereby acc	e purpose of ept the appo	intment as n	s registered egistered
	Signature, typed or printed name of registered age			E: Registered	Agent	t signature re	required when		DATE		000 111 10
12.	OFFICERS A	ND DIRECTO	DELETE	13.			т	ADDITIONS/CHANGES TO O	FFICERS AI	ND DIRECT	
TITLE	D .		□ occeie	1.1 TI			1			☐ Change	☐ Addition
NAME	Jones, Billy J 620 Crystal Blvd.			1.2 NA							
STREET ADDRESS						ADDRESS					
TITLE	WINTER HAVEN FL 33884 D		☐ DELETE	1.4 CT 2.1 TIT		-ZIP	 	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	WILSON, JACK-M			2.2 NA		,				onango	
STREET ADDRESS	810 CHELSEA WAY			- 1		ADDRESS					
CITY-\$T-ZIP	LAKE WALES FL 33853	, ,		2. 4 CI							
TITLE	TS	2 ()	☐ DELETE	3.1 TIT						Change	Addition
NAME **	WILSON, JOAN			3.2 NA	3.2 NAME						
STREET ADDRESS	810 CHELSEA WAY			3.3 ST	3.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853			3.4, CI	TY-S1	T-ZIP	ĺ		-		
TITLE			4.1 TIT	4.1 TITLE					Change	Addition	
NAME				4.2 N	ME						
STREET ADDRESS	TADDRESS			4.3 ST	4.3 STREET ADDRESS		•				
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP	<u> </u>				
TITLE			☐ DELETE	5.1 TIT	LE					Change	Addition
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 STI	REET.	ADDRESS					
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP					
TITLE	A STATE OF THE STA		DELETE	6.1 TIT	LE			<u> </u>	-	☐ Change	Addition
NAME	920 033 5			6.2 NA	ME						
STREET ADDRESS	The state of the s			6.3 ST	REET.	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90054 045 ***150.00

CR2E034 (11/98)