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Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90022 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000066577**
 1. Corporation Name
Miller-Miller Funeral Services, Inc.

Principal Place of Business
**4735 TAMIAKI TRAIL E
 NAPLES, FL 34112**

Mailing Address
**1625 PINE RIDGE ROAD
 NAPLES, FL 34109**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 28, 1998

2. Principal Place of Business
 21 **4735 TAMIAKI TRAIL E.**

2a. Mailing Address
 26 **1625 PINE RIDGE ROAD**

Suite, Apt. #, etc.
 22 _____ 27 _____

City & State
 23 **NAPLES, FLORIDA**

City & State
 28 **NAPLES, FLORIDA**

Zip Country
 24 **34112** 25 **USA**

Zip Country
 29 **34109** 30 **USA**

4. FEI Number
59-3523805

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

9. Name and Address of Current Registered Agent
**Kevin LOTTES
 Goodlette, Coleman & Johnson
 4001 Ninth Street North Suite 300
 Naples, FL 34103**

10. Name and Address of New Registered Agent

81 Name **Kevin LOTTES**

82 Street Address (P.O. Box Number is Not Acceptable)
Goodlette, Coleman & Johnson

83 **4001 Ninth Street North Suite 300**

84 City **NAPLES** 85 State **FL** Zip Code **34103**

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]** DATE **7/22/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P. T. MICHAEL S. FULLER
1.3 STREET ADDRESS	5000 WEST BLVD
1.4 CITY-ST-ZIP	NAPLES, FL 34103
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V. S.
2.3 STREET ADDRESS	TIM G Miller
2.4 CITY-ST-ZIP	10525 Gulfshore Drive #271 NAPLES, FL 34108
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 as an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **MICHAEL S. FULLER** Date **June 18 1999** Daytime Phone # **(941) 592-1611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)