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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 29 PM 7:08

DOCUMENT # **S18257** **(3)**

1. Corporation Name
H. LINCOLN MILLER, JR., INC.

Principal Place of Business	Mailing Address
390 BOCA CIEGA PT BLVD S ST PETERSBURG FL 33708	390 BOCA CIEGA PT BLVD S ST PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1990
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business	2a. Mailing Address
21 773 ST JUDES DR N	26 P.O. BOX 3196
Suite, Apt. #, etc. 22 PO BOX 3196	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip / Country 24 34230-3196 25 USA	Zip / Country 29 34230-3196 30 USA

4. FEI Number: 11-2440241 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER JR, H LINCOLN 390 BOCA CIEGA PT BLVD S ST PETESBURG FL 33708	81 Name: H. LINCOLN MILLER JR 82 Street Address (P.O. Box Number is Not Acceptable): 773 ST JUDES DRIVE N. 83: LONGBOAT KEY 84 City: SARASOTA FL 85 Zip Code: 34228

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 _____ DATE
Signature, typed or printed name of registered agent and title if agent is an officer. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	MILLER, H LINCOLN, JR	12 NAME	
STREET ADDRESS	390 BOCA CIEGA PT BLVD S	13 STREET ADDRESS	773 ST JUDES DRIVE N BOX 3196 NA
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	SARASOTA FL 34230-3196
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, MARGARET B	22 NAME	
STREET ADDRESS	390 BOCA CIEGA PT BLVD S	23 STREET ADDRESS	773 ST JUDES DRIVE N BOX 3196
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	SARASOTA FL 34230-3196
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Margaret B. Miller MARGARET B. MILLER 3/12/95 813-957-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #