

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S24358** (1)

1. Corporation Name

JIM MILLER ENTERPRISES, INC.



Principal Place of Business

**1000 WALKER STREET
NO. 315
HOLLYHILL FL 32117**

Mailing Address

**1000 WALKER STREET
NO. 315
HOLLYHILL FL 32117**

2. Principal Place of Business

21 **1645 DUNLANTON AVE #**

Suite, Apt. #, etc.

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

22 **213**

City & State

27

City & State

23 **PORT ORANGE, FL**

Zip

Country

28

Zip

Country

24 **32127**

25

29

Zip

30

9. Name and Address of Current Registered Agent

**MILLER, JAMES R.
1000 WALKER STREET
NO. 315
HOLLYHILL FL 32117**

3. Date Incorporated or Qualified
01/10/1991

3a. Date of Last Report
02/02/1995

4. FEI Number
59-3050643

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

10. Name and Address of New Registered Agent

81 Name **JAMES R. MILLER**

82 Street Address (P.O. Box Number is Not Acceptable)
1645 DUNLANTON AVE #213

83

84 City **PORT ORANGE**

FL

85 Zip Code
32127

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

James R. Miller

PRESIDENT

(NOTE: Registered Agent signature required when reappointing)

1-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D MILLER, JAMES R.**
STREET ADDRESS **1000 WALKER STREET, #315**
CITY-ST-ZIP **HOLLYHILL FL**

TITLE ☒ DELETE
NAME **D MILLER, GAIL**
STREET ADDRESS **1000 WALKER STREET, #315**
CITY-ST-ZIP **HOLLYHILL FL**

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 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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:

James R. Miller

JAMES R. MILLER

1-29-96

904-322-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)