

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S38141 (5)
 1. Corporation Name
MILBRO INVESTMENT COMPANY



| | |
|---|--|
| Principal Place of Business P O BOX 808 HIGHLAND CITY FL 33846 | Mailing Address P O BOX 808 HIGHLAND CITY FL 33846-0808 |
|---|--|

| | | | |
|--|---------------|--|---------------|
| 3. Date Incorporated or Qualified 03/11/1991 | | 3a. Date of Last Report 04/10/1996 | |
| 2. Principal Place of Business 21 | | 4. FEI Number 59-3069247 | |
| 2a. Mailing Address 26 | | Applied For Not Applicable | |
| Suite Apt. # etc 22 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent MILLER, PAUL W. 2023 CHATSWORTH LANE LAKELAND FL 33813 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2804 Chatsworth Lane | | | |
| 83 | | | | 84 City FL | | | |
| | | | | 85 Zip Code | | | |

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 applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, PAUL W. | 1.2 NAME | |
| STREET ADDRESS | 2023 CHATSWORTH LANE | 1.3 STREET ADDRESS | 2804 Chatsworth Lane |
| CITY - ST - ZIP | LAKELAND FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, BJ. | 2.2 NAME | |
| STREET ADDRESS | 2010 CHATSWORTH LANE | 2.3 STREET ADDRESS | 2804 Chatsworth Lane |
| CITY - ST - ZIP | LAKELAND FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, GUY E. | 3.2 NAME | |
| STREET ADDRESS | 16430 WILSON CREEK COURT | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHESTERFIELD MO | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, DELORES | 4.2 NAME | |
| STREET ADDRESS | 16430 WILSON CREEK COURT | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHESTERFIELD MO | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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 it changed, or on an attachment with an address.

SIGNATURE: *Sy Miller* **REBURNED** 4/28/97 (941) 646-9342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)