

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90037 043 ***150.00

DOCUMENT # S50858

1. Corporation Name
D.C. MILLER LAWN AND LANDSCAPE, INC.

Principal Place of Business
15361 99 ST NORTH
WEST PALM BEACH FL 33412
US

Mailing Address
PO BOX 24755
FT LAUDERDALE FL 33307
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1991

4. FEI Number
65-0269016

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

2. Principal Place of Business

2a. Mailing Address

21 15361

26 PO BOX 24765

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 99 street NORTH

27

City & State

City & State

23 WEST PALM BEACH

28 Ft. LAUD FL

Zip

Zip

24 33412

29 33307

Country

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, D.C.
1189 SW 117 WAY
FT. LAUDERDALE FL 33325

81 Name D.C. MILLER

82 Street Address (P.O. Box Number is Not Acceptable)
15361 99 ST NORTH

83

84 City WEST PALM BEACH

FL

85 Zip Code
33412

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] President

4-16-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
MILLER, DONALD C
STREET ADDRESS 15361 99 ST NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME V
MILLER, DORIS M.
STREET ADDRESS 2 GOLD STREET
CITY-ST-ZIP NORWICH NY

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME T
MILLER, JUDY
STREET ADDRESS 15361 99 ST NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33412

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

561 792 937
Daytime Phone #

CR2E034 (11/98)