

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S32470** (4)

1. Corporation Name
S. & J. MILLER CONSTRUCTION, INC.



Principal Place of Business: **289 RINGWOOD DR. WINTER SPRINGS FL 32708 US**
Mailing Address: **289 RINGWOOD DR. WINTER SPRINGS FL 32708 US**

3. Date Incorporated or Qualified: **02/15/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **252 SEMORAN BLVD STE 40 CASSELBERRY, FL 32707 USA**
2a. Mailing Address: **252 SEMORAN BLVD STE 40 CASSELBERRY, FL 32707 USA**

4. FEI Number: **59-3070773**
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
**MILLER, JACQUELINE
111 FAIRWAY TEN DR.
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent
81 Name: **STEVEN D MILLER**
82 Street Address (P.O. Box Number is Not Acceptable): **252 SEMORAN BLVD STE 40**
83 City: **CASSELBERRY** FL 85 Zip Code: **32707**

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: *Steven D. Miller* Pres. DATE: **2/21/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER STEVEN, D.	
STREET ADDRESS	289 RINGWOOD DR.	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JACQUELINE	
STREET ADDRESS	111 FAIRWAY TEN DR.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JACQUELINE	
STREET ADDRESS	111 FAIRWAY TEN DR.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MILLER, STEVEN D.	
STREET ADDRESS	111 FAIRWAY TEN DR.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	252 SEMORAN BLVD STE 40	
14 CITY-STATE-ZIP	CASSELBERRY, FL 32707	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DELETE	
23 STREET ADDRESS	DELETE	
24 CITY-STATE-ZIP	DELETE	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE	
33 STREET ADDRESS	DELETE	
34 CITY-STATE-ZIP	DELETE	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	252 SEMORAN BLVD, STE 40	
44 CITY-STATE-ZIP	CASSELBERRY, FL 32707	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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: *Steven D. Miller* Pres. DATE: **2/21/96** (407) 331-5639
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Steven D. Miller**

CR2E034 (12/95)