

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072538

Entity Name: MILAM HOWARD NICANDRI DEES & GILLAM, P.A.**Current Principal Place of Business:**14 EAST BAY STREET
JACKSONVILLE, FL 32202**Current Mailing Address:**14 EAST BAY STREET
JACKSONVILLE, FL 32202**FEI Number: 59-3660766****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOWARD, G. ALAN
14 EAST BAY STREET
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HOWARD, G. ALAN
Address	14 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	SD
Name	NICANDRI, PETER E
Address	14 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	DEES, ROBERT M
Address	14 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	GILLAM, W. BRAXTON IV
Address	14 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	D
Name	RENNER, PAUL M
Address	14 EAST BAY STREET
City-State-Zip:	JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: G. ALAN HOWARD**PRESIDENT****03/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date