

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 # 547560 (3)

1. Corporation Name

ENGLAND, THIMS & MILLER, INC.



Principal Place of Business

3131 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32246

Mailing Address

3131 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32246

3. Date Incorporated or Qualified

09/26/1977

3a. Date of Last Report

02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1773930

Applied For

Not Applicable

22

27

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLAND, JAMES E  
3131 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32246

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

(Signature must be of individual 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  
VSTD  
THIMS, ROBERT E  
3131 ST. JOHNS BLUFF RD.  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
PD  
ENGLAND, JAMES E  
3131 ST JOHN BLUFF RD.S  
JACKSONVILLE, FL 0

TITLE ☐ DELETE

NAME  
EVD  
MILLER, DOUGLAS C.  
3131 ST JOHN BLUFF RD.S  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
EVD  
MATHEWS, N. HUGH  
3131 ST JOHNS BLUFF RD S  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
V  
TARVER, JOSEPH A.  
3131 ST JOHNS BLUFF RD S  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

V  
CRAMOND, JEFFREY A.  
3131 ST. JOHNS BLUFF RD S  
JACKSONVILLE, FL

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-96 (904) 612-8990

CR2E034 (12/95)