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CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL -5 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 652907 (7)

1. Corporation Name
MILNE, [REDACTED] & BUCKINGHAM, P.A.

Principal Place of Business 4595 LEXINGTON AVENUE PO BOX 1122 JACKSONVILLE FL 32210	Mailing Address 4595 LEXINGTON AVENUE PO BOX 1122 JACKSONVILLE FL 32210
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/21/1980	3a. Date of Last Report 08/08/1994
4. FEI Number 59-2037329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent
**MILNE, JACK
4515 LEXINGTON AVENUE
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

B1 Name DOUGLAS J. MILNE
B2 Street Address (P.O. Box Number is Not Acceptable) 4595 LEXINGTON AVENUE
B3
B4 City JACKSONVILLE
B5 Zip Code FL 32210

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]* **DOUGLAS J. MILNE P.O.** **6/1/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MILNE, DOUGLAS J	STREET ADDRESS 4595 LEXINGTON AVENUE	CITY - ST - ZIP JACKSONVILLE, FL 0
TITLE VD	NAME MYERS, DOUGLAS	STREET ADDRESS 4595 LEXINGTON AVENUE	CITY - ST - ZIP JACKSONVILLE, FL 0
TITLE DTV	NAME RIZK, ROGER	STREET ADDRESS 4595 LEXINGTON AVENUE	CITY - ST - ZIP JACKSONVILLE FL
TITLE SVD	NAME BONEY, SHELLEY	STREET ADDRESS 4595 LEXINGTON AVENUE	CITY - ST - ZIP JACKSONVILLE FL
TITLE DV	NAME BUCKINGHAM, RONALD T.	STREET ADDRESS 4595 LEXINGTON AVENUE	CITY - ST - ZIP JACKSONVILLE FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P/T/D	1.1 NAME 100001540741	1.2 STREET ADDRESS -07/19/95--01009--001	1.3 CITY - ST - ZIP 32210	1.4 CITY - ST - ZIP 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS RESIGNED	2.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS RESIGNED	3.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS RESIGNED	4.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE v/s/b	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP 32210		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 of this filing, or as an attachment with an address.

SIGNATURE: *[Signature]* **RONALD T. BUCKINGHAM** **6/1/95** **(904) 381-5400**
Signature and typed or printed name of signing officer or director. Date. (Type in Fees)