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

FILED
Mar 28, 1996 08:00 AM
Secretary of State

DOCUMENT # **652907** **(7)**

1. Corporation Name
MILNE & BUCKINGHAM, P.A.

Principal Place of Business
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

Mailing Address
4595 LEXINGTON AVE.
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: **01/21/1980**
3a. Date of Last Report: **07/05/1995**
4. FEI Number: **59-2037329** [ ] Applied For [ ] Not Applicable
5. Check Here if Fee Is Enclosed [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees
8. Do corporations to be liable for interest due under s. 199.032 Florida Statutes? X Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
MILNE, DOUGLAS J
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
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 Section 607.0505 Florida Statutes, the undersigned corporation hereby designates the following person for the purpose of changing its registered office or registered agent, or both, in the State of Florida and accepts the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: D Milne 3/13/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] Delete
NAME	MILNE, DOUGLAS J	
STREET ADDRESS	4595 LEXINGTON AVENUE	
CITY, ST, ZIP	JACKSONVILLE FL 32210	
TITLE	VSD	[ ] Delete
NAME	BUCKINGHAM, RONALD T.	
STREET ADDRESS	4595 LEXINGTON AVENUE	
CITY, ST, ZIP	JACKSONVILLE FL 32210	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition

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CR2E034 (12/95)

14. I do 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 in Block 12 or Block 13 of this report or in any attachment with proper indication of my title.

SIGNATURE: D Milne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-1996