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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

(6)

J.B. MILLER AND ASSOCIATES CONSULTING ENGINEERS, S, P.A.

Principal Place of Business

5031 BOWDEN RD.

Mailing Address

SOME BOWDEN BO



JACKSONVILLE FL 32216		JACKSONVILLE FL 32216						
						3. Date Incorporated or Qualified 02/14/1983	3a. Date of La 05/0	ast Report 01/1995
2. Principal Plac	ce of Business	2a. Mailing Addre	SS			4. FEI Number	-L	Applied For
21		26				59-2315622		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	- Zip 29	. Co	ountry		8. This corporation has liability for in Florida Statutes Yes	№ No	
	g. Name and Address of Curre	ent Registered Agent			Г	10. Name and Address of New R	egistered Agen	t
400 1 50	IEDONE D			81	Name			
5031 B	R, JEROME B. OWDEN RD.			82	Street A	ddress (P.O. Box Number is Not Acceptabl	e)	
JACKS	ONVILLE FL 32216			83				
				84	City		FL 85	Zip Code
11. Pursuant to or registered familiar with	the provisions of Sections 607,050 d agent, or both, in the State of Flo , and accept the obligations of, Se	02 and 607.1508, Florida rida. Such change was a stion 607.0505, Florida 5	Statutes, the all authorized by the statutes	bove i	named cor loration's b	poration submits this statement for the purp loard of directors. I hereby accept the appo	oose of changing intment as regis	its registered office tered agent. I am
SIGNATURE	lignature typind or printed rivinus of registered age		NOTE Register	e i Age	nt sign ature ren	arred when reinstating)	DATE	
12.	OFFICERS A	ND DIFECTORS	13	3.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 12
TITLE	MATED TO	DELF	TE 1. 1	ETITLE			Cha	ange 🔲 Addition
NAME	MILLER, J B 5031 BOWDEN RD.		1.2	NAME				
STREET ADDRESS	JACKSONVILLE, FL 00000	^	1.3	STREET	ADDRESS			
CITY-S1-Z-P	JACKSONVILLE, PL 0000			CITY-S	ST-ZIP	79.17.17.17.17.17.17.17.17.17.17.17.17.17.		
TITLE		[]] DELF	1	THEE			Cha	ange 🔲 Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		ET DELL		CITY S	ST-ZIP	w		
TITLE NAME		DELF		TITLE			☐ Cha	ange [] Addition
				NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP TITLE		[] DELF		CHTY- S LITTLE	51 - <u>Z</u> IP		「T)Cha	ange 🗀 Addition
NAME				NAME			LJ UIA	uñe E'I wnareau
STREET ADDRESS					ADDRESS			
CITY-ST-2IP			•	CITY-S	i			
TITLE		[] DELE		TILE	75.16.16		Cha	inge [] Addition
NAME		bered		NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				DITY-S				
TITLE		DELF		TITLE		A. (A. (A. (A. (A. (A. (A. (A. (A. (A. (Cha	onge 🔲 Addition
NAME				NAME	-			y <u> </u>
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				OITY-S	· 1			
								

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), Fiorida 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 on Block 13 if changed, or or not a cyment with an address.

SIGNATURE: