

**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 # **K19941 (9)**

1. Corporation Name  
**MARTIN J. MICKLER, P.A.**



Principal Place of Business: **337 E FORSYTH ST JACKSONVILLE FL 32202 US**  
Mailing Address: **337 E FORSYTH ST JACKSONVILLE FL 32202 US**

2. Principal Place of Business  
21 **5515-2 Phillips Highway**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Jacksonville, FL**  
Zip Country  
24 **32207 Duval**  
25  
2a. Mailing Address  
26 **5515-2 Phillips Highway**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Jacksonville, FL**  
Zip Country  
29 **32207 Duval**  
30

3. Date Incorporated or Qualified: **03/29/1988**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **59-2881310**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**MICKLER, MARTIN J.  
337 E. FORSYTH ST.  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **5515-2 Phillips Highway**  
83  
84 City: **Jacksonville** FL 85 Zip Code: **32207**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MICKLER, MARTIN J.	337 E. FORSYTH ST.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		5515-2 Phillips Highway	Jacksonville, FL 32207	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

*Martin J. Mickler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96  
Date

904) 731-7161  
Daytime Phone #

CR2E034 (12/95)