

3-11-97 B-3135 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058296 (0)

1. Corporation Name

MILAM OTERO LARSEN DAWSON & TRAYLOR, P.A.



Principal Place of Business

1301 RIVERPLACE BLVD.
SUITE 1307
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD.
SUITE 1307
JACKSONVILLE FL 32207-8047

3. Date Incorporated or Qualified

07/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 1301 Riverplace Blvd

Suite, Apt. #, etc.

22 Suite 1301

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 1301 Riverplace Blvd.

Suite, Apt. #, etc.

27 Suite 1301

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 USA

4. FEI Number

59-3387934

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

TRAYLOR, W H
1301 RIVERPLACE BLVD.
SUITE 1307
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name

Traylor, W.H.

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

1301 Riverplace Blvd.

83

Suite 1301

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MILAM, ARTHUR M
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME OTERO, DAVID E
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME LARSEN, PETER O
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME DAWSON, GREGORY M
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME TRAYLOR, W H
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303
CITY, ST, ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/7/97

Date

Daytime Phone #

CR2E034 (9/96)