

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

003202

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN -7 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000058296

1. Corporation Name
MILAM OTERO LARSEN DAWSON & TRAYLOR, P.A.



Principal Place of Business
1301 RIVERPLACE BLVD.
STE 1301
JACKSONVILLE FL 32207
US

Mailing Address
1301 RIVERPLACE BLVD.
STE. 1301
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **50 North Laura St.**
Suite, Apt. #, etc.
22 **Suite 2750**
City & State
23 **Jacksonville FL**
Zip Country
24 **32202** 25 **USA**

2a. Mailing Address
26 **50 North Laura St.**
Suite, Apt. #, etc.
27 **Suite 2750**
City & State
28 **Jacksonville FL**
Zip Country
29 **32202** 30 **USA**

3. Date Incorporated or Qualified
07/10/1996

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
TRAYLOR, W H
1301 RIVERPLACE BLVD.
STE. 1301
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83 **Suite 2750**

84 City **Jacksonville** FL 85 Zip Code **32202**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAM, ARTHUR M	1.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1301	1.3 STREET ADDRESS	50 N. Laura St., Ste 2750
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, DAVID E	2.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1301	2.3 STREET ADDRESS	50 N. Laura St, Ste 2750
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, PETER O	3.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1301	3.3 STREET ADDRESS	50 N. Laura St., Ste 2750
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VDS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME*	DAWSON, GREGORY M	4.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1301	4.3 STREET ADDRESS	50 North Laura St, Ste 2750
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VDT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYLOR, W H	5.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1301	5.3 STREET ADDRESS	50 North Laura St, Ste 2750
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800002742728--7
STREET ADDRESS		6.3 STREET ADDRESS	-01/14/99--01120--015
CITY-ST-ZIP		6.4 CITY-ST-ZIP	****150.00 ****150.00

14. I 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, with all other like empowered.

SIGNATURE: W H Traylor **REQUIRED** 124-99 (904) 798-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)