

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

FILED

99 JAN -7 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 50 North Laura St.	26 50 North Laura St.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 2750	27 Suite 2750		
City & State		City & State	
23 Jacksonville FL	28 Jacksonville FL		
Zip	Country	Zip	Country
24 32202 25 USA	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)
83 50 North Laura Street
84 Suite 2750
85 City Jacksonville FL 86 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	
STREET ADDRESS		6.3 STREET ADDRESS	8000002742728--7
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-01/14/99--01120--015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)