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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V26354** (3)

1. Corporation Name

MILLER & GOLDSBERRY, P.A.



Principal Place of Business

Mailing Address

**3603-1 CARDINAL POINT DR
SUITE 2
JACKSONVILLE FL 32257
US**

**3603-1 CARDINAL POINT DR
JACKSONVILLE FL 32257
US**

3. Date Incorporated or Qualified

04/01/1992

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **4741 Atlantic Blvd.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **A-1**

27

City & State

City & State

23 **Jacksonville, Florida**

28

Zip

Zip

Country

Country

24 **32207**

25 **US**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDBERG, MICHAEL & MARY
3603-1 CARDINAL POINT DR
JACKSONVILLE FL 32257**

81 Name
Goldsberry, Michael

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

4741 Atlantic Blvd. Suite A-1

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

Michael Goldsberry, President

4-15-96

Signature typed or printed name of registered agent and the applicable

NOTE: Registered Agent Signature required when filing this

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**DP
MICHAEL J GOLDSBERG
10555 FOR SQUIRREL LANE
JACKSONVILLE FL**

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

**DP
MARY S MILLER
100 FAIRWAYS PARK BLVD
PONTA VEDRA BEACH FL**

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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 on an attachment with an address

SIGNATURE:

Michael Goldsberry, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (904) 398-7711
DATE PHONE #

CR2E034 (12/95)