

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602454

Entity Name: BRYANT MILLER OLIVE P.A.**Current Principal Place of Business:**101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE, FL 32301**Current Mailing Address:**101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE, FL 32301**FEI Number:** 59-1315801**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**REID, ROBERT C
101 NORTH MONROE STREET
SUITE 900
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P/D
Name	DUNLAP, GRACE E
Address	201 NORTH FRANKLIN ST., SUITE 2700
City-State-Zip:	TAMPA FL 33602

Title	VP/D
Name	REID, ROBERT C
Address	101 NORTH MONROE STREET, SUITE 900
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP/D
Name	SPRINGER, FREDERICK J
Address	101 NORTH MONROE STREET, SUITE 900
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP/D
Name	LAWSON, MARK G
Address	101 NORTH MONROE STREET, SUITE 900
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP/D
Name	CROSLAND, JAMES C
Address	1 S.E. 3RD AVENUE, SUITE 2200
City-State-Zip:	MIAMI FL 33131

Title	CFO
Name	MARCINKO, LEONARD T
Address	430 MARGATE
City-State-Zip:	ATLANTA GA 30328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT C. REID**SECRETARY****02/20/2013**

Electronic Signature of Signing Officer/Director Detail

Date