

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37042

Entity Name: MILTON, LEACH, WHITMAN, D'ANDREA & ESLINGER, P.A.**Current Principal Place of Business:**3127 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**Current Mailing Address:**3127 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US**FEI Number: 59-2982949****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEACH, ERIC L
3127 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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	V
Name	ESLINGER, RYAN
Address	9995 HOOD ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	V
Name	D'ANDREA, JAMES L
Address	10122 WINDWARD WAY N.
City-State-Zip:	JACKSONVILLE FL 32256

Title	V
Name	MILTON, MICHAEL P
Address	4833 RIVER BASIN DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32207

Title	P
Name	LEACH, ERIC L
Address	3958 BAYMEADOWS RD. #2302
City-State-Zip:	JACKSONVILLE FL 32217

Title	V
Name	WHITMAN, JOSHUA A
Address	3660 CATHEDRAL COVE ROAD
City-State-Zip:	JACKSONVILLE FL 32217

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: ERIC L. LEACH**PRESIDENT****02/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date