

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 487944 (1)**

1. Corporation Name  
**KING MORRIS LODGES, INC.**



Principal Place of Business: **3911 BROADWAY, P.O. BOX 078797, WEST PALM BEACH FL 33407**  
Mailing Address: **3911 BROADWAY, P.O. BOX 078797, WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **10/20/1975**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **59-1647304**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**MORRIS, ROBERT E  
145 OCEAN AVENUE, APT. 609  
PALM BEACH SHORES FL 33404**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) (DATE)

**12. OFFICERS AND DIRECTORS**

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>P</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>MORRIS, ROBERT K</b>        |                                 |
| STREET ADDRESS | <b>220 CHURCHILL ROAD</b>      |                                 |
| CITY-STATE-ZIP | <b>WEST PALM BEACH FL</b>      |                                 |
| TITLE          | <b>V</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>MORRIS, DOROTHY K</b>       |                                 |
| STREET ADDRESS | <b>145 OCEAN AVE</b>           |                                 |
| CITY-STATE-ZIP | <b>PALM BCH SHRS, FL 00000</b> |                                 |
| TITLE          | <b>T</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>MORRIS, PAUL K</b>          |                                 |
| STREET ADDRESS | <b>1 HEWITT DR</b>             |                                 |
| CITY-STATE-ZIP | <b>NORTHPORT NY</b>            |                                 |
| TITLE          | <b>S</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>MORRIS, ROBERT E</b>        |                                 |
| STREET ADDRESS | <b>145 OCEAN AVE</b>           |                                 |
| CITY-STATE-ZIP | <b>PALM BCH SHRS, FL 00000</b> |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY-STATE-ZIP |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY-STATE-ZIP |                                                                              |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           | <b>T</b>                                                                     |
| 33 STREET ADDRESS | <b>Morris, Paul K</b>                                                        |
| 34 CITY-STATE-ZIP | <b>14721 Grandview<br/>Overland Park, Kansas 66221</b>                       |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                                                              |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY-STATE-ZIP |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY-STATE-ZIP |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 64 CITY-STATE-ZIP |                                                                              |

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: *Robert K. Morris* Robert K. Morris, President 2/22/96 407-842-8041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)