

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06935

(1)

1. Corporation Name

MORALES CONSTRUCTION CO., INC.

Principal Place of Business

**6900 PHILLIPS HIGHWAY #11
JACKSONVILLE FL 32216**

Mailing Address

**6900 PHILLIPS HIGHWAY #11
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1984

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2418328

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**GARTNER, W. A.
1680 PRUDENTIAL DR, SUITE 203
SUITE 600
JACKSONVILLE FL 32207**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORALES, R., JR.
STREET ADDRESS	6900 PHILLIPS HWY STE 11
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	MORALES, M.C.
STREET ADDRESS	6900 PHILLIPS HWY STE 11
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	GARTNER, W.A.
STREET ADDRESS	1680 PRUDENTIAL DR #203
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	MORALES, RICARDO M
STREET ADDRESS	6900 PHILLIPS HWY STE 11
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	HOWARD, MARCIA M.
STREET ADDRESS	P.O. BOX 240 N/A
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	AS/D
5.3 STREET ADDRESS	HOWARD, MARCIA MORALES
5.4 CITY - ST - ZIP	50 N LAURA ST, STE 2750
5.5 CITY - ST - ZIP	JACKSONVILLE FL 32202
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 its collector 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: Ricardo Morales, III, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/95

904-296-9559

Date

Daytime Phone #