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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32216-6009**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

**GARTNER, W. A.
1660 PRUDENTIAL DR, SUITE 203
SUITE 600
JACKSONVILLE FL 32207**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
06/05/1984

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

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 title of applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MORALES, R., JR.
6900 PHILLIPS HWY STE 11
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MORALES, M.C.
6900 PHILLIPS HWY STE 11
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPO
KING, THOMAS FITCH I
6900 PHILLIPS HWY, STE 11
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MORALES, RICARDO III
6900 PHILLIPS HWY STE 11
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASD
HOWARD, MARCIA M.
50 N LAURA ST., STE. 2750
JACKSONVILLE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ricardo Morales, III, President** 4/23/97 004, 206, 0550

CR2E034 (9/96)