

DOCUMENT # P98000076113

1. Entity Name

J.A. MORGAN, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90102 018 ***158.75

Principal Place of Business

Mailing Address

5659 COMMERCE DR., STE. 100
ORLANDO FL 32839-29695659 COMMERCE DR., STE. 100
ORLANDO FL 32839-2964

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2410615

Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, J. ALLEN
 5659 COMMERCE DR., STE. 100
 ORLANDO FL 32839-2969

Name Morgan, J. Allen

Street Address (P.O. Box Number Is Not Acceptable)

3037 Brandywine Drive
 City Orlando, FL Zip Code 32806

8. 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

J. Allen Morgan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/07/00

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐ \$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME MEESE, KEITH E
 STREET ADDRESS 5659 COMMERCE DR., STE. 100
 CITY-ST-ZIP ORLANDO FL 32839-2969

TITLE V ☒ Change ☐ Addition
 NAME meese Keith
 STREET ADDRESS 3009 Green mount Ad.
 CITY-ST-ZIP Orlando, FL 32806

TITLE D ☐ Delete
 NAME MORGAN, BEVERLY R
 STREET ADDRESS 5659 COMMERCE DR., STE. 100
 CITY-ST-ZIP ORLANDO FL 32839-2969

TITLE T ☒ Change ☐ Addition
 NAME Morgan, Beverly R
 STREET ADDRESS 3037 Brandywine Dr.
 CITY-ST-ZIP Orlando, FL 32806

TITLE D ☐ Delete
 NAME MORGAN, J. ALLEN
 STREET ADDRESS 5659 COMMERCE DR., STE. 100
 CITY-ST-ZIP ORLANDO FL 32839-2969

TITLE P ☒ Change ☐ Addition
 NAME Morgan, J. Allen
 STREET ADDRESS 3037 Brandywine Dr.
 CITY-ST-ZIP Orlando, FL 32806

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Allen Morgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 857-6778 1/07/00
 Date Daytime Phone #

CR2E034 (9/99)