FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:17

3-27-57

DO NOT WRITE IN THIS SPACE

DOCUMENT # V00373 (3)

1. Corporation Name

NEAL MORGAN, INC.

Principal Place of Business
~~701 SAN MARCO BLVD.~~
~~SUITE 1600~~
~~JACKSONVILLE FL 32207~~

Mailing Address
~~701 SAN MARCO BLVD.~~
~~SUITE 1600~~
~~JACKSONVILLE FL 32207~~

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 3821 LORETTO RD
22 Suite, Apt. #, etc.
23 City & State: Jax, Fl.
24 Zip: 32223
25 County: Duval

2a. Mailing Address
26 2000-1 Hendricks Av.
27 Suite, Apt. #, etc.: #42
28 City & State: Jax, Fl
29 Zip: 32207
30 Country: Duval

4. FEI Number: 59-3099743 ☐ 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

9. Name and Address of Current Registered Agent

WOLF, WAYNE A.
3733 UNIVERSITY BLVD., WEST
SUITE 106
JACKSONVILLE FL 32217

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☒ Addition
NAME	MORGAN, NEAL	1 2 NAME	
STREET ADDRESS	3821 LORETTO RD	1 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	MORGAN, JACKIE R.	2 2 NAME	
STREET ADDRESS	3821 LORETTO RD	2 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: JACKIE R. MORGAN Jackie R. Morgan 1-16-95 904-262-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018783 CP