

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54961

(0)

1. Corporation Name

1099 MORSE, INC.

Principal Place of Business
370 LAKE SEMINARY CIRCLE
MAITLAND FL 32751

Mailing Address
370 LAKE SEMINARY CIRCLE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
07/27/1992

3a. Date of Last Report
02/15/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
59-3138747

Applied For
Not Applicable

State, Apt. # etc.

22

State, Apt. # etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. Has corporation ever failed to comply with Section 607.002, Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UHRIG, HAL
370 LAKE SEMINARY CIR
MAITLAND FL 32751

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, this 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 607.002, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. NAME PD UHRIG, HAL 370 LAKE SEMINARY CIR MAITLAND FL
2. NAME VPD MORGAN, PAUL 316 HARLEQUIN CT OVIEDO FL
3. NAME SD UHRIG, GAIL 370 LAKE SEMINARY CIR MAITLAND FL
4. NAME
5. NAME
6. NAME

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
5. NAME ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.002(3)(b), Florida Statutes. Further, I certify that the information included 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 this 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 of this report, or on an attachment within addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

James G. White 5-8-95 (407) 628-1200