

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 210633

Entity Name: THE ALLEN MORRIS COMPANY**Current Principal Place of Business:**121 ALHAMBRA PLAZA
SUITE 1600
CORAL GABLES, FL 33134**Current Mailing Address:**121 ALHAMBRA PLAZA
SUITE 1600
CORAL GABLES, FL 33134 US**FEI Number:** 59-0824139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RENTZ, R. LARRY
121 ALHAMBRA PLAZA
SUITE 1600
CORAL GABLES, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	MORRIS, W. ALLEN
Address	121 ALHAMBRA PLAZA SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

Title	V
Name	GRAHAM, DALE I
Address	121 ALHAMBRA PLAZA SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	OWENS, WILLIAM
Address	1800 PEMBROKE DRIVE
City-State-Zip:	ORLANDO FL 32810

Title	DV
Name	BELL, JAMES FJR.
Address	1160 JOHNSON FERRY ROAD
City-State-Zip:	ATLANTA GA 30319

Title	T
Name	GIL, YAZMIN
Address	121 ALHAMBRA PLAZA SUITE 1600
City-State-Zip:	CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YAZMIN GIL**TREASURER****01/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date