

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **245700** (0)

1. Corporation Name

S. E. MORRIS AND SONS, INCORPORATED



Principal Place of Business

P.O. BOX 268
VERNON FL 32462

Mailing Address

P.O. BOX 268
VERNON FL 32462

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

3. Date Incorporated or Qualified
03/17/1961

3a. Date of Last Report
07/14/1995

4. FEI Number
59-0912153

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

**MORRIS, TOM E
3199 VALLEY RANCH ROAD
STAR ROUTE BOX 224
VERNON FL 32462**

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

By the latest signatory of this report, in the following place:

As the Registered Agent of the corporation in the following place:

Date:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE
NAME **P MORRIS, T.E.**
STREET ADDRESS **3199 VALLEY RANCH ROAD**
CITY, ST, ZIP **VERNON FL**
2. TITLE ☐ DELETE
NAME **D MORRIS, T.E.**
STREET ADDRESS **3199 VALLEY RANCH ROAD**
CITY, ST, ZIP **VERNON FL**
3. TITLE ☐ DELETE
NAME **~~BOY~~ MORRIS, JAMES T**
STREET ADDRESS **~~2630 W 10 ST.~~**
CITY, ST, ZIP **~~PANAMA CITY, FL 32000~~**
4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
2. TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
4. TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
6. TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: **T.E. MORRIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 Date
904-535 2617 Daytime Phone

CR2E034 (12/95)