

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 06 1997 8:00am
Secretary of State

DOCUMENT # 381752 (5)

1. Corporation Name

THE ALLEN MORRIS CONSTRUCTION COMPANY

Principal Place of Business

1000 BRICKELL BLDG. STE 1200
MIAMI FL 33131

Mailing Address

1000 BRICKELL BLDG. STE 1200
MIAMI FL 33131

3. Date Incorporated or Qualified

05/07/1971

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FET Number

59-1362057

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

MORRIS, L ALLEN
1000 BRICKELL AVE 1200
MIAMI FL 33131-0014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WHITE, PAUL
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MORRIS, L ALLEN
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI, FLORIDA 0

TITLE AS ☐ DELETE

NAME COLLINS, DIANE C
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI, FLORIDA 0

TITLE CD ☐ DELETE

NAME MORRIS, W. ALLEN
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI, FLORIDA 0

TITLE D ☐ DELETE

NAME RUPP, GARY L
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI, FLORIDA 0

TITLE VSD ☐ DELETE

NAME DAVIS, BILL G
STREET ADDRESS 1000 BRICKELL AVE 1200
CITY-ST-ZIP MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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: *Bill G. Davis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97 (305) 358-1000

Date

Daytime Phone #

CR2E034 (9/96)