

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 415254 (2)

1. Corporation Name

DICK MORRISON, INC.

95 MAR 10 PM 12:51

Principal Place of Business

3904 TIMUCUA TRAIL
JACKSONVILLE FL 32211-2298

32277

Mailing Address

3904 TIMUCUA TRAIL
JACKSONVILLE FL 32211-2298

32277

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1972	3a. Date of Last Report 04/01/1994
4. FBI Number 59-1429895	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	

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MORRISON, KAY A
3904 TIMUCUA TRAIL
JACKSONVILLE FL 32211-2298

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, R.M.	1.2 NAME	
STREET ADDRESS	3904 TIMUCUA TRAIL	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	PSTD	2.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, KAY A	2.2 NAME	
STREET ADDRESS	3904 TIMUCUA TRAIL	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SCIALDONE-MORRISON, NANCY E.M.	3.2 NAME	
STREET ADDRESS	5273 NW 54TH AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	COCONUT CREEK FL	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, SUSAN K.	4.2 NAME	
STREET ADDRESS	444 SAN ANTONIO AVE #9C	4.3 STREET ADDRESS	
CITY- ST- ZIP	PALO ALTO CA	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)(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

KAY A. MORRISON

3/3/95 904/743-2688