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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 437771

(9)

1. Corporation Name
MORRISON ELECTRIC, INC.



Principal Place of Business
757 PONDELLA RD.
NORTH FORT MYERS FL 33903

Mailing Address
757 PONDELLA RD.
NORTH FORT MYERS FL 33903-5759

3. Date Incorporated or Qualified 10/09/1973	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1501219	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 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MORRISON, SARA J.
757 PONDELLA ROAD
NORTH FORT MYERS FL 33903

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORRISON, JACK L.JR. ☐ DELETE	1.1 TITLE	D MORRISON, BRADLEY ☐ Change ☒ Addition
NAME	353 W. MARIANA AVE.	1.2 NAME	1510 MYRTLE DRIVE
STREET ADDRESS	N. FT. MYERS FL	1.3 STREET ADDRESS	TALLAHASSEE, FL 32301
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD MORRISON, SARA ☐ DELETE	2.1 TITLE	D RICHMOND, ANGELA ☐ Change ☒ Addition
NAME	353 W. MARIANA AVE.	2.2 NAME	3039 N.E. 39TH PLACE
STREET ADDRESS	N. FT. MYERS FL	2.3 STREET ADDRESS	OCALA, FL 34479
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	D MORRISON, MATTHEW ☐ Change ☒ Addition
NAME		3.2 NAME	4505 WILLA CREEK DRIVE
STREET ADDRESS		3.3 STREET ADDRESS	WINTER SPRINGS, FL 32708
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	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 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:

Sara J Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARA J MORRISON 1/16/97 (941) 2248

Date

Daytime Phone #

CR2E034 (9/96)