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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **437771**

1. Corporation Name
MORRISON ELECTRIC, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/09/1973

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: 59-1501219 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, JACK L.JR.		1.2 NAME		
STREET ADDRESS	521 S.E. FORT KING STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, SARA		2.2 NAME		
STREET ADDRESS	521 S.E. FORT KING STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRISON, BRADLEY		3.2 NAME	MORRISON, BRADLEY	
STREET ADDRESS	303 GROVE STREET		3.3 STREET ADDRESS	49 CLEMSON STREET	
CITY-ST-ZIP	CHARLESTON S. 29403		3.4 CITY-ST-ZIP	CHARLESTON, S.C. 29403	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICHMOND, ANGELA		4.2 NAME		
STREET ADDRESS	3039 NE 39TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRISON, MATTHEW		5.2 NAME	MORRISON, MATTHEW	
STREET ADDRESS	4505 WILLA CREEK DRIVE APT 213		5.3 STREET ADDRESS	4505 WILLA CREEK DRIVE APT 213	
CITY-ST-ZIP	WINTER PSRINGS FL 32708		5.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
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		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Sara Morrison SARA J MORRISON 2/23/99 (941) 995-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #