

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 462745

(1)

1. Corporation Name

J. MORGAN PROPERTIES, INC.

Principal Place of Business

124 CARYER STREET
P.O. BOX 2393
BRANDON FL 33510-4527
US

Mailing Address

109 N. PARSONS AVE.
P.O. BOX 2393
BRANDON FL 33509-9393

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/04/1974

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1562951

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

10. Name and Address of New Registered Agent

BARFIELD, ROBERT L.
605 VALLE VISTA DR.
BRANDON FL 33511

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SUMNER, EMMETT D
STREET ADDRESS END OF MYRTLE ROAD
CITY - ST - ZIP RIVERVIEW FL

TITLE VD
NAME MORGAN, YVONNE T.
STREET ADDRESS 711 N PARSONS AVE.
CITY - ST - ZIP BRANDON FL

TITLE SD
NAME SUMNER, MARCELLA M.
STREET ADDRESS END OF MYRTLE RD.
CITY - ST - ZIP RIVERVIEW FL

TITLE TD
NAME MORGAN, MARIANNE
STREET ADDRESS 36770 SHORE DRIVE
CITY - ST - ZIP DADE CITY FL

TITLE D
NAME MORGAN, JAMES L
STREET ADDRESS 220 MOON AVENUE, N
CITY - ST - ZIP BRANDON FL

TITLE D
NAME MORGAN, GEORGE WILEY
STREET ADDRESS 1773 BLACKWILLOW DR
CITY - ST - ZIP MARIETTA GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 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:

Yvonne T. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (813) 685-2233
(Date) (Telephone Number)