

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90054 009 \*\*\*150.00

DOCUMENT # 590975

1. Corporation Name

MORGAN'S CAR SALES, INC.

Principal Place of Business

2766 US HWY 441-27  
FRUITLAND PARK FL 34731  
US

Mailing Address

2766 US HWY 441-27  
FRUITLAND PARK FL 34731  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1978

4. FEI Number

59-1864018

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MORGAN, JOE L.  
05351 MAGNOLIA RIDGE RD  
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name

Lucille V. Morgan

82 Street Address (P.O. Box Number is Not Acceptable)

05351 Magnolia Ridge Rd.

83

84 City

Fruitland Park FL

85 Zip Code

34731

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

Lucille V. Morgan

Lucille V. Morgan

April 6 - 1999

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 PD ☒ DELETE

NAME MORGAN, JOE L.  
STREET ADDRESS 05351 MAGNOLIA RIDGE RD  
CITY-ST-ZIP FRUITLAND PARK FL

TITLE STD ☐ DELETE

NAME MORGAN, LUCILLE V.  
STREET ADDRESS 05351 MAGNOLIA RIDGE RD  
CITY-ST-ZIP FRUITLAND PARK FL

TITLE VD ☐ DELETE

NAME MORGAN, RANDALL L.  
STREET ADDRESS 37245 GRAYS AIRPORT RD  
CITY-ST-ZIP LADY LAKE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

Lucille V. Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99 (352) 326-8192

Date Daytime Phone #

CR2E034 (11/98)