

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **645320** (3)

1. Corporation Name

HERB MORGAN REALTY, INC.



Principal Place of Business

**1836 HERMITAGE BLVD
STE 200
TALLAHASSEE FL 32308
US**

Mailing Address

**1836 HERMITAGE BLVD
STE 200
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MORGAN, HERB
3136-200 LONNBLADH ROAD
TALLAHASSEE FL 32308**

81 Name

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

1836 Hermitage Blvd. #200

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

11/16/1979

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2062399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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's signature is printed when registering)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME

**PD
MORGAN, HERB
3136-200 LONNBLADH ROAD
TALLAHASSEE FL**

☐ DELETE

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

1836 Hermitage Blvd. #200

☒ Change

☐ Addition

TITLE
NAME

**ST
MORGAN, HERB
3136-200 LONNBLADH ROAD
TALLAHASSEE FL**

☐ DELETE

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

1836 Hermitage Blvd. #200

☒ Change

☐ Addition

TITLE
NAME

☐ DELETE

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

☐ DELETE

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

☐ DELETE

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

☐ DELETE

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

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 199.07(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:

Herbert F. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

904-385-3008
Telephone Number

CR2E034 (12/95)