

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 765225 (8)

1. Corporation Name

FLO - ALA LOCKSMITHS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% BEN MARSHAL
6 COMET ST., S.W.
FORT WALTON BEACH FL 32548

% BEN MARSHAL
6 COMET ST., S.W.
FORT WALTON BEACH FL 32548

3. Date Incorporated or Qualified
09/28/1982

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **Morris Lock & Safe**

26 **Bill Morris**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **906 W. Michigan Ave.**

27 **906 W. Michigan Ave.**

City & State

City & State

23 **Pensacola, FL**

28 **Pensacola, FL**

Zip

Country

Zip

Country

24 **32505**

25 **Escambia**

29 **32505**

30 **Escambia**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSHALL, BEN
6 COMET ST SW
FT WALTON BCH FL 32548**

81 Name

William L. Morris

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

906 W. Michigan Avenue

83

84 City

Pensacola

FL

85 Zip Code

32505

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **William L. Morris**

William L. Morris

3-11-96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **WEEKS, ROY**
STREET ADDRESS **P. O. BOX 1374 N/A**
CITY - ST - ZIP **FOLEY AL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Kennith Moore**
1.3 STREET ADDRESS **4664 Highway 90**
1.4 CITY - ST - ZIP **Marianna, FL 32446**

TITLE **ST** ☐ DELETE
NAME **MORRIS, WILLIAM L JR.**
STREET ADDRESS **906 W. MICHIGAN AVE.**
CITY - ST - ZIP **PENSACOLA FL**

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

TITLE **V** ☒ DELETE
NAME **ADAMS, SCOTT**
STREET ADDRESS **1105 W. THARP ST.**
CITY - ST - ZIP **TALLAHASSEE FL**

3.1 TITLE **vice-President** ☒ Change ☐ Addition
3.2 NAME **Thomas Tate**
3.3 STREET ADDRESS **1495 Creighton Road**
3.4 CITY - ST - ZIP **Pensacola, FL 32504**

TITLE **GA** ☐ DELETE
NAME **HAYES, CHARLES**
STREET ADDRESS **5507 HARVEY ST**
CITY - ST - ZIP **CALLAWAY FL**

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

TITLE **D** ☐ DELETE
NAME **JOHNSON, DANA**
STREET ADDRESS **16208 SKY AVE**
CITY - ST - ZIP **PANAMA CITY BCH FL**

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

TITLE **D** ☐ DELETE
NAME **MARSHALL, BEN**
STREET ADDRESS **6 COMET ST SW**
CITY - ST - ZIP **FT WALTON BCH FL**

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William L. Morris** **William L. Morris**

3-11-96

(94) 433-5118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)