


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765225** (8)

1. Corporation Name

**FLO - ALA LOCKSMITHS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O MORRIS LOCK & SAFE 906 W. MICHIGAN AVE PENSACOLA FL 32505 US	C/O MORRIS, BILL 906 W. MICHIGAN AVE PENSACOLA FL 32505-2318 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>09/28/1982</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>59-1977194</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>MORRIS, WILLIAM L</b> <b>906 W. MICHIGAN AVE.</b> <b>PENSACOLA FL 32505</b>	61 Name
	62 Street Address (P.O. Box Number is Not Acceptable)
	63
	64 City
	65 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, KENNITH</b>	1.2 NAME	
STREET ADDRESS	<b>4884 HIGHWAY 90</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARIANNA FL</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, WILLIAM L JR.</b>	2.2 NAME	
STREET ADDRESS	<b>906 W. MICHIGAN AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TATE, THOMAS</b>	3.2 NAME	
STREET ADDRESS	<b>1495 CREIGHTON ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	3.4 CITY-ST-ZIP	
TITLE	GA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAYES, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>5507 HARVEY ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CALLAWAY FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, DANA</b>	5.2 NAME	
STREET ADDRESS	<b>16208 SKY AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARSHALL, BEN</b>	6.2 NAME	
STREET ADDRESS	<b>6 COMET ST SW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BCH FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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 12597 (94) 433-5118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072804

CP2E037 (9/96)