

DOCUMENT # 765225

1. Entity Name

FLO - ALA LOCKSMITHS ASSOCIATION, INC.

Principal Place of Business

C/O MORRIS LOCK & SAFE  
906 W. MICHIGAN AVE  
PENSACOLA FL 32505  
US

Mailing Address

C/O MORRIS, BILL  
906 W. MICHIGAN AVE  
PENSACOLA FL 32505  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1977194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, WILLIAM L  
906 W. MICHIGAN AVE.  
PENSACOLA FL 32505

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*William L Morris*

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

(NOTE: Registered Agent signature required when reinstating)

10-2-00

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TATE, TOM	
STREET ADDRESS	1495 CREIGHTON RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORRIS, WILLIAM L JR.	
STREET ADDRESS	906 W. MICHIGAN AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KIEPKE, LARRY	
STREET ADDRESS	6 COMET STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	GA	<input type="checkbox"/> Delete
NAME	HAYES, CHARLES	
STREET ADDRESS	5507 HARVEY ST	
CITY-ST-ZIP	CALLAWAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DANA	
STREET ADDRESS	16208 SKY AVE	
CITY-ST-ZIP	PANAMA CITY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, BEN	
STREET ADDRESS	6 COMET ST SW	
CITY-ST-ZIP	FT WALTON BCH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William L Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-2-00

Daytime Phone #

(850) 433-5118

FILED

00 OCT -6 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)