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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:38

DOCUMENT # F58810 (5)

1. Corporation Name
M.W. MORRIS & ASSOCIATES, INC.

Principal Place of Business
4048 EVANS. AVE., #303
PO BOX 60742
FT MYERS FL 33906

Mailing Address
4048 EVANS. AVE., #303
PO BOX 60742
FT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1981
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2296765 — Applied For / Not Applicable

2. Principal Place of Business
21 4048 EVANS AVE. #303
Suite, Apt. #, etc
22
City & State
23 FT. MYERS, FL
Zip
24 33901
Country
25 USA

2a. Mailing Address
26 POST OFFICE BOX 60742
Suite, Apt. #, etc.
27
City & State
28 FT. MYERS, FL
Zip
29 33906
Country
30 USA

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

RIVERS, SCOTT W
7149 SHANNON BLVD.
FT. MYERS FL 33908

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERS, SCOTT W.
STREET ADDRESS	7149 SHANNON BLVD.
CITY, ST, ZIP	FT. MYERS FL
TITLE	ST
NAME	RIVERS, BROOKSY Q.
STREET ADDRESS	7149 SHANNON BLVD.
CITY, ST, ZIP	FT. MYERS FL
TITLE	V
NAME	OTTENSMANN, JAMES D.
STREET ADDRESS	2416 N.E. 20TH PLACE
CITY, ST, ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 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)(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.

SIGNATURE: Scott W. Rivers SCOTT W. RIVERS, PRESIDENT JAN. 9, 1995 813-936-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #