

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F58810 (5)

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



Principal Place of Business

4048 EVANS AVE. #303
FT MYERS FL 33901
US

Mailing Address

PO BOX 60742
FT MYERS FL 33906
US

3. Date Incorporated or Qualified
12/16/1981

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21 11000 Metro Pkwy

26 Suite, Apt. #, etc.

22 Unit 27

27 Suite, Apt. #, etc.

23 City & State
Fort Myers, FL

28 City & State

24 Zip 33912 25 Country Lee

29 Zip 30 Country

4. FEI Number
59-2296765

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent (do not sign for agent)

Printed Name of Agent (do not sign for agent) (When required)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS RIVERS, SCOTT W.
CITY-ST-ZIP 7149 SHANNON BLVD.
FT. MYERS FL

TITLE ☐ DELETE
NAME ST
STREET ADDRESS RIVERS, BROOKSY Q.
CITY-ST-ZIP 7149 SHANNON BLVD.
FT. MYERS FL

TITLE ☐ DELETE
NAME V
STREET ADDRESS OTTENSMAHN, JAMES D.
CITY-ST-ZIP 2416 N.E. 20TH PLACE
CAPE CORAL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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)(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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT W. RIVERS

4-15-96 941-936-5222

Date

Daytime Phone #

CR2E034 (12/95)