

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F69442**

(4)

1. Corporation Name

P. H. MORTON CO., INC.

Principal Place of Business

**C/O THOMAS P. FLAVIN, CPA
1790 HWY A1A STE 206
SATELLITE BCH FL 32937**

Mailing Address

**C/O THOMAS P. FLAVIN, CPA
1790 HWY A1A STE 206
SATELLITE BCH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1982

4. FEI Number

59-2176510

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3210 N. WICKHAM RD

Suite, Apt. #, etc.

22 STE 5

City & State

23 MELBOURNE FL

Zip

24 32935

Country

25 BREVARD

2a. Mailing Address

26 3210 N. WICKHAM RD

Suite, Apt. #, etc.

27 STE 5

City & State

28 MELBOURNE FL

Zip

29 32935

Country

30 BREVARD

9. Name and Address of Current Registered Agent

**FLAVIN, THOMAS P. CPA
1790 HWY A1A, SUITE 206
SATELLITE BCH. FL 32937**

10. Name and Address of New Registered Agent

81 Name

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

3210 N. WICKHAM RD #5

83

84 City

MELBOURNE FL

FL

85 Zip Code

32935-234

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **MORTON, PAUL H**
STREET ADDRESS **180 BERKELEY ST**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **DST** ☐ DELETE

NAME **MORTON, JOSEPHINE M**
STREET ADDRESS **180 BERKELEY ST**
CITY-ST-ZIP **SATELLITE BEACH 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

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

CR2E034 (10/97)