

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 # **F95000004709 (0)**

1. Corporation Name:
MOR-MAC SERVICES, INC.



Principal Place of Business: **5828-I MOON RD COLUMBUS GA 31909**
Mailing Address: **5828-I MOON RD COLUMBUS GA 31909**

3. Date Incorporated or Qualified: **09/27/1995**
3a. Date of Last Report:
4. FEI Number: **58-1602557**
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

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

9. Name and Address of Current Registered Agent:
**DONALD, ROBIN
BLDG 1758A MEMORAL TRAIL
EGLIN AFB FL 32542**

10. Name and Address of New Registered Agent:
81. Name: **DIANE CLEEK**
82. Street Address (P.O. Box Number is Not Acceptable): **5405 LOWEL MASON RD**
83. **[REDACTED]**
84. City: **CRESTVIEW** FL 85. Zip Code: **32539**

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: *Diane Cleek* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, LARRY	1.2 NAME	
STREET ADDRESS	4960 BASSWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31909	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, VIRGINIA	2.2 NAME	
STREET ADDRESS	4960 BASSWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31909	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address.

SIGNATURE: *Larry Morton*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY MORTON

1-22-96 706-589-0112
DATE OF FILING DATE OF REPORT

CR2E034 (12/95)