

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

2. Principal Place of Business

2a. Mailing Address

21 ~~XXXXXXXXXX~~

26

22 ~~XXXXXXXXXX~~

27 Suite, Apt. #, etc. SAME

23 ~~XXXXXXXXXX~~

28 City & State

24 ~~XXXXXXXXXX~~

29 City & State

25 ~~XXXXXXXXXX~~

30 City & State

26 ~~XXXXXXXXXX~~

31 City & State

27 ~~XXXXXXXXXX~~

32 City & State

28 ~~XXXXXXXXXX~~

33 City & State

29 ~~XXXXXXXXXX~~

34 City & State

30 ~~XXXXXXXXXX~~

35 City & State

9. Name and Address of Current Registered Agent

DONALD, ROBIN
BLDG 1758A MEMORIAL 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

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

Signature of Registered Agent (if not the corporation, then the agent)

Signature of Registered Agent (if not the corporation, then the agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	MORTON, LARRY	
STREET ADDRESS	4960 BASSWOOD DR	
CITY-STATE-ZIP	COLUMBUS GA 31909	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MORTON, VIRGINIA	
STREET ADDRESS	4960 BASSWOOD DR	
CITY-STATE-ZIP	COLUMBUS GA 31909	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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

Day to e-File

CR2E034 (12/95)