SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004709 (0)

APPROVED

97 AUG -7 AM 10: 12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| MOR-MA | AC SERVICES, INC. | | | | | |
|---|--|---|---------------------|---------------|----------------|---|
| Principal Place 4960 BASSWO COLUMBUS G | OD DRIVE | Mailing Address 4960 BASSWOOD DRIVE COLUMBUS GA 31909 | 4960 BASSWOOD DRIVE | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified 09/27/1995 3a. Date of Last Report 01/26/1996 |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 Suite Ast | 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | . | | 58-1602557 Not Applicable |
| 22 | 27 | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| City & State | e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees |
| Zip | Country | Zip | _ | ntry | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | | 30 | | | Personal Property Tax due June 30. |
| | 9. Name and Address of Curre | ont Hegistered Agent | | 81 | Name | 10. Name and Address of New Registered Agent |
| | EK, DIANE 5 LOWEL MASON RD | | | 8' | Ivanie | |
| | STMEW FL 32539 | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | | |
| | | | | 84 | City | 85 Zip Code |
| | 10 500 00 | 10074500 51 11 01 4 | - 11 - 1 | | | FL 60 24 Code |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statules, 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. | | | | | | |
| agent. La | m familiar with, and accept the obli | gations of, Section 607.0505, Flo | rida Stat | utes | | , , , , , |
| SIGNATURE | Signature, typed or printed name of registored a | MOLE | Ωonistoro | d Age | d eigeature | e required when reinstating) DATE |
| 12, | | ND DIRECTORS | 13. | u Age | ii sigi isidic | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | CDP | DELETE | 1.1 10 | TLE | | Change Addition |
| NAME | MORTON, LARRY | | 1,2 NA | AME | ļ | |
| STREET ADDRESS | 4960 BASSWOOD DR | | 1.3 \$1 | IREET | ADDRESS | |
| CITY-ST-ZIP | COLUMBUS GA 31909 | | 1.4 01 | 1Y - S1 | r-ZIP | |
| TITLE | STD | ☐ DELETE | 2.1 70 | TLE | | 4000022644 ****4 **** **** **** ***** ********* |
| NAME | MORTON, VIRGINIA | | 2.2 N/ | ME | | -08/12/9701044011 |
| STREET ADDRESS | 4960 BASSWOOD DR | | | | ADDRESS | ****165.00 ****165.00 |
| CITY-ST-ZIP | COLUMBUS GA 31909 | T or or | 2. 4 C | | 1 - 21P | |
| TITLE | | ☐ DELETE | 3.1 TI | | - | Change Addition |
| STREET ADDRESS | | | 32 N/ | - | ADDRESS | |
| CITY-ST-ZIP | | | | ITY-S | | |
| TITLE | | DELETE | 4.1 Ti | | 1-ZIF | Change Addition |
| NAME | | | 4 2 N | | | |
| STREET ADDRESS | | | | | address | |
| CITY-ST; ZIP | | | | TY-SI | ļ | |
| TITLE | | DELETE | 5.1 1) | | | Change Addition |
| NAME | | | 5.2 N/ | AME | | , |
| STREET ADDRESS | | | 5.3 ST | REET. | ADDRESS | 1 A de |
| CITY-ST-ZIP | | | 5.4 CI | 1Y-\$1 | - ZIP | 1/1811) |
| TITLE | | ☐ DELETE | 6.1 11 | 1LE | | Change Addition |
| NAME | | | 6.2 N | | | T Control I |
| STREET ADDRESS | | | 6.3 \$1 | IREET | ADDRESS | CANARA I |
| CITY-ST-ZIP | | | 6.4 CI | 1Y-\$ | r-ZIP | () |

I do 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 extra 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 of 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.

Moderation

2 21-02 706-568-1986

MOR-MAC SERVICES 4960 BASSWOOD DRIVE COLUMBUS, GA 31909

D.

_F5900000470**9** (0)

July 21, 1997

Florida Dept. of State Div. of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Annual Reports

Dear Sirs:

On January 15, 1997 I wrote you to notify you of my change of address and to inform you that I had not received my 1997 renewal registration and to please send it to me.

Last week I received a 2nd notice of this, never having received the 1st notice.

This morning I called your office and talked to a gentleman named "Lee". He advised me to go ahead and send in the regular fee of \$160.00 along with the annual report and this letter.

In January 1996 I paid my fee, having received the forms, on Jan. 22nd.

Respectfully,

Larry Morton